

# DISCOVERY DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048  
(323) 933-5100 or (800) 222-6768

**PERSON'S NAME AND AGE:**

**FILE NUMBER:**

**FACILITY:**

**REFERRING PHYSICIAN:**

**X-RAY TECHNOLOGIST:**

<p><b>1A. DATE OF X-RAY</b></p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> <p style="text-align: center;">_____ FILMS</p>	MONTH	DAY	YEAR				<p><b>1B. FILM QUALITY ON PA VIEW</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Overexposed (dark)</td> <td style="width: 33%;"><input type="checkbox"/> Rotation</td> <td style="width: 33%;"><input type="checkbox"/> Underinflation</td> </tr> <tr> <td><input type="checkbox"/> Underexposed (light) Lateral Chest Walls</td> <td><input type="checkbox"/> Poor Contrast</td> <td><input type="checkbox"/> Mottle</td> </tr> <tr> <td><input type="checkbox"/> Artifacts</td> <td><input type="checkbox"/> Poor Processing</td> <td><input type="checkbox"/> Scapulae</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other _____</td> </tr> </table> <p style="text-align: right; font-size: small;"><i>If Not Grade 1, Give Reason:</i></p>	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Rotation	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Underexposed (light) Lateral Chest Walls	<input type="checkbox"/> Poor Contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor Processing	<input type="checkbox"/> Scapulae	<input type="checkbox"/> Other _____			<p><b>1C. IS FILM COMPLETELY NEGATIVE?</b></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right; font-size: small;">PROCEED TO SECTION 2</p>																																																																							
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<p><b>2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b></p> <p>YES <input type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3</p>																																																																																											
<p><b>2B. SMALL OPACITIES</b></p> <table style="width: 100%; font-size: small;"> <tr> <td colspan="2" style="text-align: center;">a. SHAPE/SIZE</td> <td colspan="2" style="text-align: center;">b. ZONES</td> <td colspan="3" style="text-align: center;">c. PROFUSION</td> </tr> <tr> <td style="text-align: center;">PRIMARY</td> <td style="text-align: center;">SECONDARY</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td style="text-align: center;">0/-</td> <td style="text-align: center;">0/0</td> <td style="text-align: center;">0/1</td> </tr> <tr> <td style="text-align: center;">p s</td> <td style="text-align: center;">p s</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">1/0</td> <td style="text-align: center;">1/1</td> <td style="text-align: center;">1/2</td> </tr> <tr> <td style="text-align: center;">q t</td> <td style="text-align: center;">q t</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">2/1</td> <td style="text-align: center;">2/2</td> <td style="text-align: center;">2/3</td> </tr> <tr> <td style="text-align: center;">r u</td> <td style="text-align: center;">r u</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">3/2</td> <td style="text-align: center;">3/3</td> <td style="text-align: center;">3/+</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">UPPER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">MIDDLE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">LOWER</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	a. SHAPE/SIZE		b. ZONES		c. PROFUSION			PRIMARY	SECONDARY	R	L	0/-	0/0	0/1	p s	p s	[ ]	[ ]	1/0	1/1	1/2	q t	q t	[ ]	[ ]	2/1	2/2	2/3	r u	r u	[ ]	[ ]	3/2	3/3	3/+			UPPER							MIDDLE							LOWER					<p><b>2C. LARGE OPACITIES</b></p> <p>SIZE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C PROCEED TO SECTION 3A</p>																																		
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FILE NUMBER:

DANIEL POWERS, M.D.

B READER

AMERICAN BOARD OF RADIOLOGY CERTIFIED  
CALIFORNIA MEDICAL LICENSE # G 34426

DISCOVERY  
DIAGNOSTICS INC.

6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048  
(323) 933-5100 or (800) 222-6768

4A. ANY OTHER ABNORMALITIES? YES  COMPLETE 4B, 4C, 4D, 4E NO

4B. OTHER SYMBOLS (OBLIGATORY)

aa  at  ax  bu  ca  cg  ch  co  cp  cv  di  ef  em  es  fr  hi  ho  id  ih  kl  me  pa  pb  pi  px  ra  rp  tb

Other diseases or significant abnormalities

Date Personal Physician or Worker Notified?

OD

MONTH DAY YEAR

4C. MARK ALL BOXES THAT APPLY:

Abnormalities of the Diaphragm

- Eventration  Prominent muscles slips
- Hiatal hernia

Airway Disorders

- Hyperinflation
- Bronchovascular markings, heavy or increased

Bony Abnormalities

- Bony chest cage abnormality  Scoliosis
- Vertebral body compression fracture  Kyphosis
- Clavicle fracture  AC joint/glenohumeral joint abnormalities
- Vertebral column deteriorative changes which include bony spurring, disc space narrowing, vacuum disc phenomenon and/or calcified disc

Lung Parenchymal Abnormalities

- Azygos lobe  Nodule, nodular lesion
- Infiltrate/Consolidation  Other lung density

Miscellaneous Abnormalities

- Post-surgical changes/sternal wire
- Pacemaker
- Shorter pacemaker lead, curved upwards
- Foreign body
- Prominent fatty deposition involving the mediastinum or cardiophrenic fat pads

Vascular Disorders

- Anomaly of Aorta
- Vascular abnormality

4D. OTHER COMMENTS

4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4D? YES NO

(UNLESS CLINICALLY INDICATED)

- NO PLAIN RADIOGRAPHIC EVIDENCE FOR SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS AT THIS TIME.
- SMALL ROUNDED OPACITIES HAVING THE APPEARANCE AND DISTRIBUTION OF SIMPLE SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS.
- SMALL ROUNDED AND LARGE OPACITIES HAVING THE APPEARANCE & DISTRIBUTION OF COMPLICATED SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS.

B-READER PHYSICIAN:

DATE OF READING MONTH DAY YEAR