

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>1A. DATE OF X-RAY</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>1B. FILM QUALITY ON PA VIEW</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>1C. IS FILM COMPLETELY NEGATIVE?</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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PERSON'S NAME AND AGE:

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 ASBESTOSIS AT THIS TIME.
- PLEURAL PLAQUE FORMATION CONSISTENT WITH PRIOR ASBESTOS EXPOSURE.
- PARENCHYMAL CHANGES HAVING THE APPEARANCE AND DISTRIBUTION OF ASBESTOSIS.
- PARENCHYMAL CHANGES AND PLEURAL PLAQUING CONSISTENT WITH THE RADIOGRAPHIC DIAGNOSIS OF ASBESTOSIS.

B-READER PHYSICIAN: _____

DATE OF READING
MONTH DAY YEAR