

**REPORT ON TELEROENTGENOGRAM (P.A. VIEW)**

**Instructions for Radiologist:**

- 1) a. Film-focus distance should be 72 inches.
- b. Exposure time should not be longer than 1/10<sup>th</sup> second.
- c. The X-ray plate should be taken in the vertical position of the patient in deep inspiration.
- 2) The X-ray plate must bear name of the proposer, your initials and date.

**Proposal/Policy No.:** ..... **Agent's Name & Code:** .....

Name of the Life Assured: : ..... Age: ..... years.

Introduced by: : ..... His Signature: : .....

**1) Condition of Lungs and Pleura (Full details of abnormality, if any, should be given):**

**2) Heart and Aorta.**

- a) Transverse Diameter of Heart : .....
- b) Transverse Diameter of Aortic Arch: .....
- c) Cardio-thoracic Ration: .....
- d) Any changes, such as, Arteriosclerotic changes and calcification of aorta etc. ....

**3) Conclusions:** .....  
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Dated at ..... on the ..... day of ..... 2000.

Signature of the Life Assured in the presence of Radiologist

Signature of the Radiologist  
Qualification:  
Code No.  
Name & Address:

Signature of the Radiologist.