

PART B: CHEST X-RAY EXAMINATION FINDINGS (COMPLETED BY RADIOLOGIST)

1. Radiographic Abnormality Noted: No (GO TO PART C) Yes

2. Record Information for Each Abnormality:

Abnormality #	LOCATION (MARK ALL THAT APPLY)		DESCRIPTION OF ABNORMALITY
	Right Hemithorax	Left Hemithorax	
	1 = Upper 1/3 2 = Middle 1/3 3 = Lower 1/3 4 = Diffuse 9 = NA	1 = Upper 1/3 2 = Middle 1/3 3 = Lower 1/3 4 = Diffuse 9 = NA	01 = Nodule (1 - 30 mm) 02 = Mass (> 30 mm) 07 = Pleural mass 08 = Granuloma(s) 13 = Right hilar/mediastinal lymph nodes (exclude calcified nodes) 14 = Left hilar/mediastinal lymph nodes (exclude calcified nodes) 15 = Major atelectasis/collapse 16 = Infiltrate (consolidation/alveolar opacity) 17 = Scarring/pulmonary fibrosis/honeycombing 18 = Pleural fibrosis/pleural plaque 19 = Pleural fluid 20 = Bone/soft tissue lesion 21 = Cardiac abnormality/cardiomegaly/congestive heart failure 22 = COPD/emphysema/bullae 88 = Other (SPECIFY)
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PART C: CHEST X-RAY INTERPRETATION RESULTS (COMPLETED BY RADIOLOGIST)

1. Examination Result:	2. Reason for Inadequate Exam: (MARK ALL THAT APPLY)	3. Level of Referral:
<input type="radio"/> Positive Screen - Referral Required (GO TO 3) <input type="radio"/> Negative Screen - No Abnormalities (GO TO 3) <input type="radio"/> Negative Screen - Other Abnormalities (GO TO 3) <input type="radio"/> Inadequate	<input type="radio"/> Poor film quality <input type="radio"/> Films lost <input type="radio"/> Other (SPECIFY) _____ _____ _____	<input type="radio"/> 1 - Significant Abnormality, Referral <input type="radio"/> 2 - Moderate Abnormality, Referral <input type="radio"/> 3 - Slight Variation from Normal, No Referral <input type="radio"/> 4 - Normal/Result Not Available, No Referral

4. Comments:	5. Radiologist ID:																																								
<input type="radio"/> No <input type="radio"/> Yes (SPECIFY) Item# Comments	_____ Signature																																								
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