

This is an official medical report. If you are not the intended recipient contact our radiology practice immediately.

[DATE]

Referrer:

NAME, APPLICANT (DOB: XXXXXXX)

Service Date: Patient ID: **Episode Number:** 

Clinical History
Potential exposure to dusty environment.

Xray Chest (ILO Classification)

Image quality: 1. Good.

Parenchymal abnormalities: No. Profusion 0/0.

Larger Opacities No Large Opacities.

Pleural abnormalities:

No.

Costophrenic Angle Obliteration:

None.

Other Radiological Findings:

None.

Comment

t. Occument of the second of t No evidence of pneumoconiosis. ILO classification 0/0.

This report was created by a Radiologist on the RANZCR Register of Clinical Radiologists for CWP Screening.

Thank you for referring this patient.

Dr. XXX

report electronically authorised by Dr XXX