

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

Doctor Direct Service Tel: (02) 4925 5451 Fax: (02) 4925 5488

**APPLICANT DETAILS**

**Phone:**  
**Fax:**

**EPID:**

**Service Date:**  
**Patient Id:**  
**Episode No:**

**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**

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**

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