

CLINICAL RECORD

RADIOGRAPHIC REPORTS

APPROVED FOR
RELEASE DATE:
10-Nov-2008

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

A 212

11100

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

REGISTER NO.

WARD NO.

68
CARINCI John
45 M C

A-400

AGE 45 SEX M (Check one)
 BEDSIDE, WHEELCHAIR, OR STRETCHER
 BED PATIENT
 AMBULATORY

EXAMINATION REQUESTED
Chest - PA- lateral

REQUISITION NO.

DATE OF REQUEST

17 Jan 68

(Above space for mechanical or printing device)

PERTINENT CHIEF COMPLAINTS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Renal mass

FILM NO.

180496

DATE OF REPORT

17 Jan 68

RADIOGRAPHIC REPORT

NORMAL HEART-LUNGS
RIB CAGE INTACT
A G MIKULICICH CAPT MC

SA GEN HOSP
PO 09797

17 1 68

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

[Handwritten Signature]

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev. 5-22-64)
RADIOGRAPHIC REPORT
519-206

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

RADIOGRAPHIC REPORTS

Standard Form 519
519-106

58