|  |  |  |
| --- | --- | --- |
| **Name : <Name>** | | **Date : <Date>** |
| **Age : <Age>** | **ID : <ID>** | **Ref.By: <Ref>** |
| **X-RAY SINUSES** | | |

**Findings:**

* Clear sinuses.
* No fluid levels.
* Normal bony outlines.

**Impression:**

* Unremarkable study.

|  |
| --- |
| <Doctor> |