

X-ray Report

Patient Information:

- **Name:** [Patient Full Name]
- **Age:** [Patient Age]
- **Gender:** [Male/Female/Other]
- **Patient ID:** [Patient ID or Registration No.]
- **Date of Birth:** [Patient DOB]
- **Report Date:** [Date of Report]
- **Doctor:** [Doctor's Name & Specialty]

Test Information:

- **X-ray Type:** [E.g., Chest X-ray, Abdomen X-ray, Limb X-ray]
- **X-ray Date:** [Date of X-ray]
- **Lab/Center:** [Lab Name or Center Address]
- **Technician Name:** [Technician Name]
- **Sample Collection Date:** [Sample Collection Date]
- **Sample ID:** [Sample Identification Number]

X-ray Findings:

Examination Area:

- **Area Scanned:** [E.g., Chest, Spine, Left Arm, Abdomen, etc.]
- **View Taken:** [E.g., Anteroposterior (AP), Lateral, Oblique]

Observations:

Findings	Description
Bone Structure:	[E.g., Normal alignment, No fractures]
Joint Spaces:	[E.g., Well maintained, Signs of arthritis]
Soft Tissues:	[E.g., Clear, No abnormal masses]

Lungs (if applicable):	[E.g., No infiltrates, No pleural effusion, No masses]
Heart Size (if applicable):	[E.g., Normal size and shape]
Spine (if applicable):	[E.g., No disc space narrowing, No signs of compression]
Fractures/Dislocations:	[E.g., No visible fractures, Dislocation at joint]
Foreign Bodies:	[E.g., No foreign objects detected]
Other Anomalies:	[E.g., Mild scoliosis, Lung opacity, Pneumonia signs]

Impression:

- **Summary of Findings:**
[E.g., "Normal chest X-ray with no signs of acute infection or abnormal masses" or "Fracture observed in the distal end of the radius."]

Recommendations:

- **Further Tests (if necessary):**
[E.g., "CT scan recommended for further evaluation," "Follow-up X-ray in 4 weeks," etc.]
- **Treatment/Referral:**
[E.g., "Referral to orthopedics for fracture management," "Prescribed medication for infection," etc.]
- **Next Steps:**
[E.g., "Review after 2 weeks of medication," "Plastering for fracture," etc.]

Doctor's Signature: [Doctor's Signature]

Doctor's Registration Number: [Doctor's Medical Registration No.]

Date: [Date of Report]