

Patient X-Ray Record

Patient Name																	
Date						Date						Date					
Cervical						Cervical						Cervical					
AP						AP						AP					
Lat						Lat						Lat					
Thoracic						Thoracic						Thoracic					
AP						AP						AP					
Lat						Lat						Lat					
Lumbar						Lumbar						Lumbar					
AP						AP						AP					
Lat						Lat						Lat					
Other						Other						Other					
Date						Date						Date					
Cervical						Cervical						Cervical					
AP						AP						AP					
Lat						Lat						Lat					
Thoracic						Thoracic						Thoracic					
AP						AP						AP					
Lat						Lat						Lat					
Lumbar						Lumbar						Lumbar					
AP						AP						AP					
Lat						Lat						Lat					
Other						Other						Other					