

	<h1>Chest X-ray</h1>	<p>{visit.label}</p>
<p>Date of Procedure: <input type="text" value="CXRA:PROCDA"/> / <input type="text" value="CXRA:PROCMO"/> / <input type="text" value="CXRA:PROCYR"/></p> <p style="text-align: center;">Day Month Year</p>		<p>ID: {ID}</p>

1. Result:

(CXRA:RESULT) Normal

(CXRA:RESULT) Abnormal

If **Abnormal**, check all that apply:

(CXRA:ABN1) Atelectasis, specify location:

Right Lung: (CXRA:ABN1RSL) superior (upper) lobe

(CXRA:ABN1RML) middle lobe (CXRA:ABN1RIL) inferior (lower) lobe

Left Lung: (CXRA:ABN1LSL) superior (upper) lobe

(CXRA:ABN1LIL) inferior (lower) lobe

(CXRA:ABN2) Bony abnormalities

(CXRA:ABN3) Cardiomegaly

(CXRA:ABN4) Effusion

(CXRA:ABN5) Infiltrates, specify location:

Right Lung: (CXRA:ABN5RSL) superior (upper) lobe

(CXRA:ABN5RML) middle lobe (CXRA:ABN5RIL) inferior (lower) lobe

Left Lung: (CXRA:ABN5LSL) superior (upper) lobe

(CXRA:ABN5LIL) inferior (lower) lobe

(CXRA:ABN6) Interstitial changes, specify location:

Right Lung: (CXRA:ABN6RSL) superior (upper) lobe

(CXRA:ABN6RML) middle lobe (CXRA:ABN6RIL) inferior (lower) lobe

Left Lung: (CXRA:ABN6LSL) superior (upper) lobe

(CXRA:ABN6LIL) inferior (lower) lobe

(CXRA:ABN7) Mass, specify location:

Right Lung: (CXRA:ABN7RSL) superior (upper) lobe

(CXRA:ABN7RML) middle lobe (CXRA:ABN7RIL) inferior (lower) lobe

inferior (lower) lobe

Left Lung: (CXRA:ABN7LSL) superior (upper) lobe

(CXRA:ABN7LIL) inferior (lower) lobe

(CXRA:ABN8) Pulmonary artery enlargement

(CXRA:ABN9) Soft tissue abnormalities

(CXRA:ABN10) Other abnormality, specify:

CXRA:OTH_SP

2. X-ray bar code: or (CXRA:NOCODE) Bar code not used

Comments for page:

CXRA:COMM

Submit Query

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Form Completion Help

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