

Chest X-Ray Radiology Report

Patient Information

Name: _____ **Gender:** _____
Date of Birth: _____ **Patient ID:** _____
Date of Exam: _____ **Referring Physician:** _____

Study/Procedure: Chest X-Ray (PA & Lateral)

Clinical Information

Technique

PA and Lateral views of the chest were obtained.

Findings

- Lungs: _____
- Mediastinum/Hila: _____
- Cardiac Silhouette: _____
- Pleura: _____
- Bones/Soft Tissues: _____
- Diaphragm/Costophrenic Angles: _____

Impression

Radiologist Name: _____

Date: _____