

Knee X-Ray Radiology Report

Patient Name: _____

Patient ID: _____

Date of Exam: ____ / ____ / ____

Referring Physician: _____

Examination: Knee X-Ray (Right / Left / Bilateral)

CLINICAL INFORMATION

TECHNIQUE

Standard anteroposterior (AP) and lateral views of the knee were obtained.

FINDINGS

CONCLUSION

Radiologist: _____

Date: ____ / ____ / ____