

McLaren Medical Group
RADIOLOGY CROSS INTERPRETATION (OVERREAD)

Patient Name: _____ Date of Birth: ___/___/_____

Exam: _____ X-Ray Number (if available): _____

Date of Exam: ___/___/_____ Time: _____ Provider: _____

History: _____

Study Performed	Findings	Impression
<input type="checkbox"/> Chest X-Ray # _____ Views <input type="checkbox"/> Osseous Structures are	Lungs: <input type="checkbox"/> Clear <input type="checkbox"/> No Pleural Effusion <input type="checkbox"/> Other Findings: _____ _____ _____ <input type="checkbox"/> Cardiomeastinal Silhouette is Unremarkable Unremarkable	<input type="checkbox"/> Negative Chest Examination <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____
<input type="checkbox"/> Extremities # _____ Location _____	<input type="checkbox"/> Bones, joint and soft tissue are within normal limits <input type="checkbox"/> Other Findings: _____ _____ _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Sacroiliac joints are patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Intervertebral foramina are widely patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____ _____ _____ _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____

Radiology Interpretation: Agree Notify Physician Not Read by Ordering Provider

