



_____ DIVISION

REPORT OF FLUOROSCOPIC EXAMINATION (SCREENING)

Proposal No. _____ Name of the Life Assured _____ Age _____ Years

Instructions for Fluoroscopic Examination

1. The Fluoroscopic Examination should be done in the posterior anterior and the right and left oblique views.
2. In conclusion, please state whether you consider the condition of heart and lungs to be quite normal.

<p>(1) Lungs : Movements _____ (Apices -Bases) Translucent Marking _____ Hilar Shadows _____ Phrenico -Costal angles _____ Posterior-Mediastinum _____</p>	
<p>(2) Pleura : Right _____ Left _____</p>	
<p>(3) Diaphragm: (Right-Left) Movements _____ Contour _____</p>	
<p>(4) Heart : Pulsations _____ Positions _____ Size _____ Pulmonary conus _____</p>	
<p>(5) Aorta: Size _____ Density _____</p>	
<p>(6) Bony Thorax: _____</p>	

(7) Conclusions:

Dated at _____ on the _____ day of _____ 20 _____

Signature of the Life to be Assured

Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

**I Certify that the proposer / LA has put his /her
Signature alongside in my presence**

Signature of the Medical Examiner/Radiologist
Name:
Address:
Qualification:
Code No: