



_____ DIVISION

REPORT ON X-RAY (PLAIN) OF GENITO URINARY TRACT KUB AREA

(N.B.: Take two Skiagrams: Kidneys, Ureters, Bladder and Prostrate)

Proposal No. _____ Name of the life to be assured _____ Age. _____ Years

(1) **KIDNEYS :**
 Outlines _____ Size _____
 Position _____ Calculi _____
 Calcification : _____
 Psoas Shadows _____

(2) **URETERS:**
 Calculi _____
 Calcification : _____
 Phleboliths _____

(3) **BLADDER: [Prostate (Male), uterus (Female)]**
 Calculi _____
 Calcification _____
 Phleboliths _____

ANY OTHER ABNORMALITIES :

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 Radiologist
 Name:
 Address:
 Qualification:
 Code No: