



_____ DIVISION

REPORT ON X-RAY OF STOMACH & DUODENUM (BARIUM MEAL)

(N.B. Take FIVE Films as follows : One film Standing – Stomach and Duodenum.
Four Small Spot Films: Pyloro-Duodenal Services.)

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

(1) STOMACH :

Rugae of mucosal pattern : _____
 Position _____ Size _____
 Contours _____ Niche _____
 Filling Defects _____ Spasm _____
 Incisura _____ Tenderness _____
 Evacuation _____ Flexibility _____
 Patency of the Pylorus _____

(2) DUODENUM-DUODENAL CAP:

Size _____ Position _____
 Regular or deformed _____ Tenderness _____
 Peristalsis or antiperistalsis _____ Crater or niche _____
 Residue _____

(3) DUODENAL CANAL BEYOND THE CAP :

Size _____ Position _____
 Crater _____ Spasm _____
 Irritability _____

(4) 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: _____