



\_\_\_\_\_ DIVISION

**REPORT ON X-RAY OF CAECUM AND COLON (BARIUM ENEMA)**

Proposal No. \_\_\_\_\_ Name of the Life to be Assured \_\_\_\_\_ Age \_\_\_\_\_ Years

**(1) CAECUM AND COLON ( BARIUM ENEMA):**

Size and length \_\_\_\_\_

Position \_\_\_\_\_

Mobility \_\_\_\_\_

Contours \_\_\_\_\_

Filling Defect \_\_\_\_\_

Mucosal Pattern \_\_\_\_\_

Peristalsis \_\_\_\_\_

Naustra \_\_\_\_\_

Tenderness \_\_\_\_\_

Any obstruction \_\_\_\_\_

Any palpable mass or diverticulosis \_\_\_\_\_

Any other abnormality \_\_\_\_\_

**CONCLUSIONS:**

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

<p>_____ <b>Signature of the Life to be Assured</b></p>  <p>_____ <b>Signature of the Introducer: (Agent / Development Officer)</b> Name : _____ Code No. _____</p>	<p><b>I Certify that the proposer / LA has put his /her Signature alongside in my presence</b></p>  <p>_____ <b>Signature of the Radiologist</b> Name: Address: Qualification: Code No:</p>
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