

Patient Name:

Hospital Number:

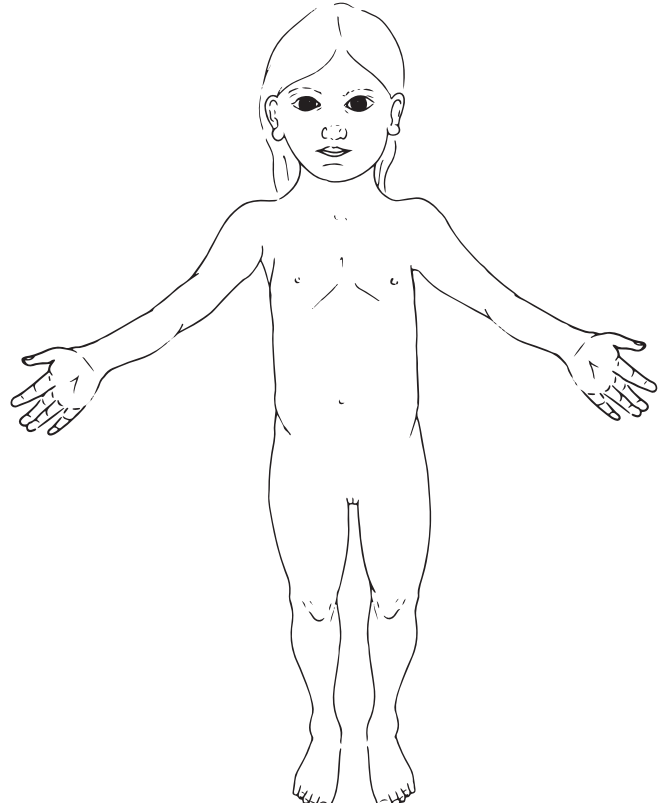
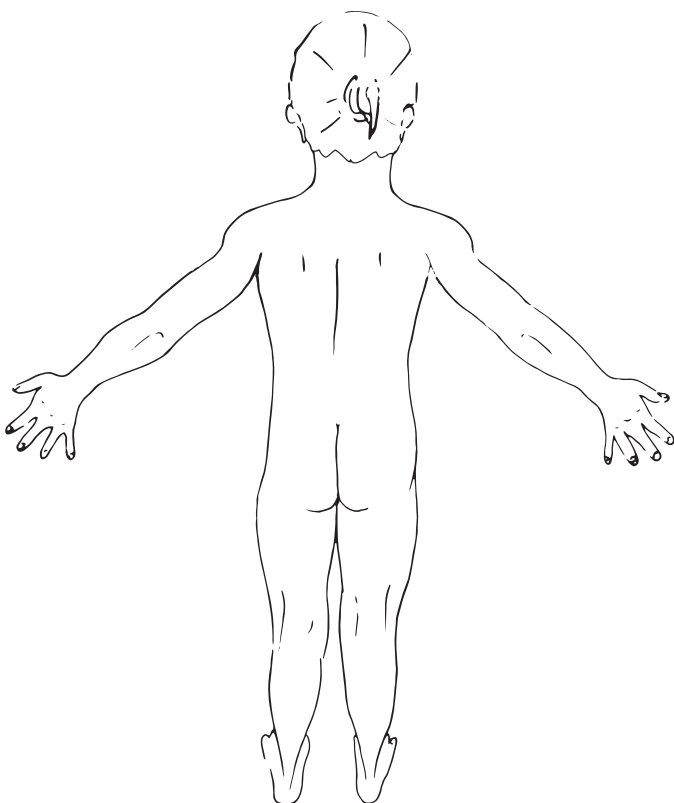
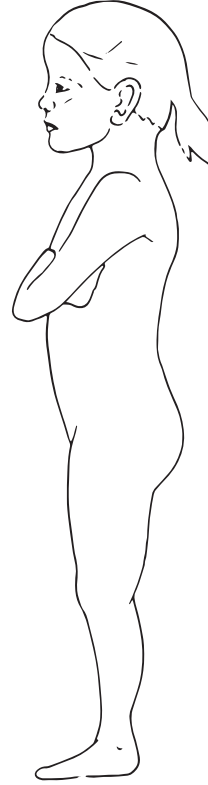
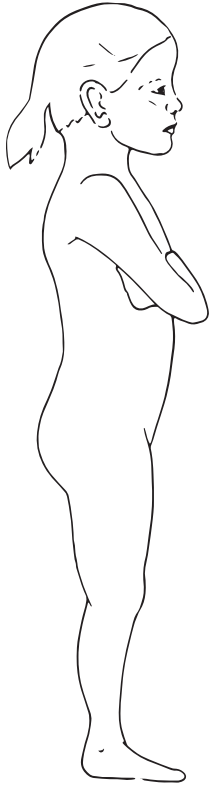
NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:



Patient Name:

Hospital Number:

NHS Number:

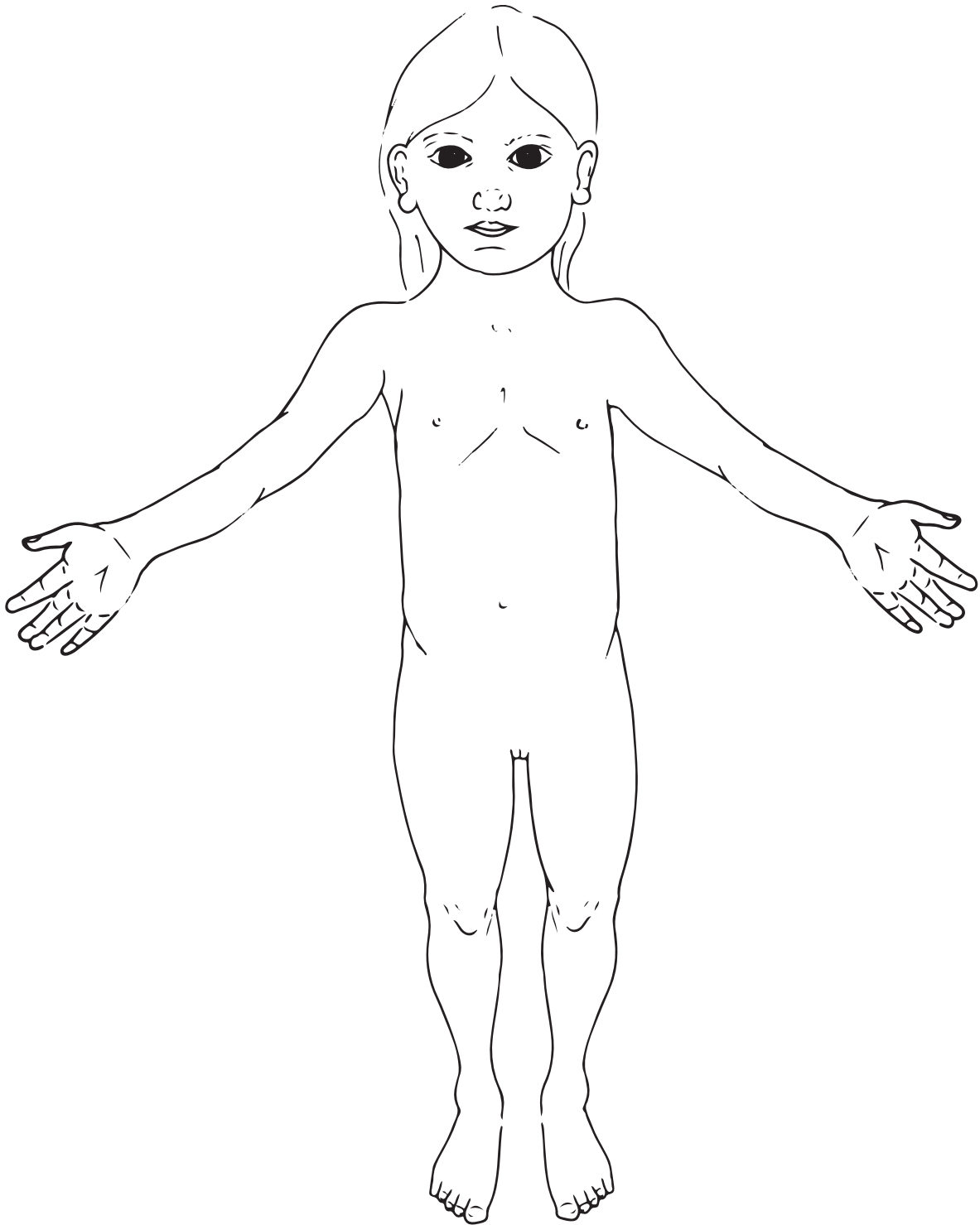
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Young Female Child Anteroposterior



Patient Name:

Hospital Number:

NHS Number:

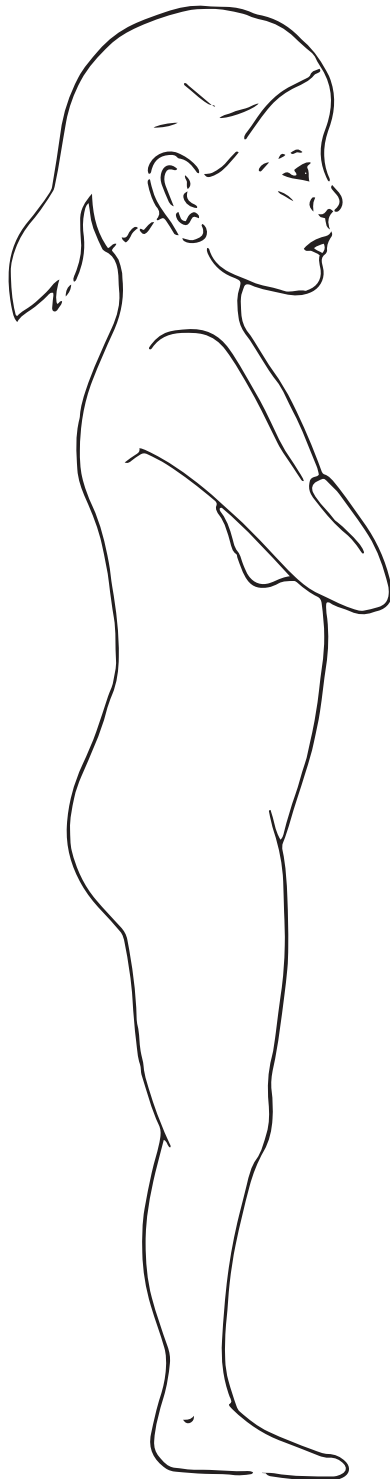
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Young Female Child Right Lateral



Patient Name:

Hospital Number:

NHS Number:

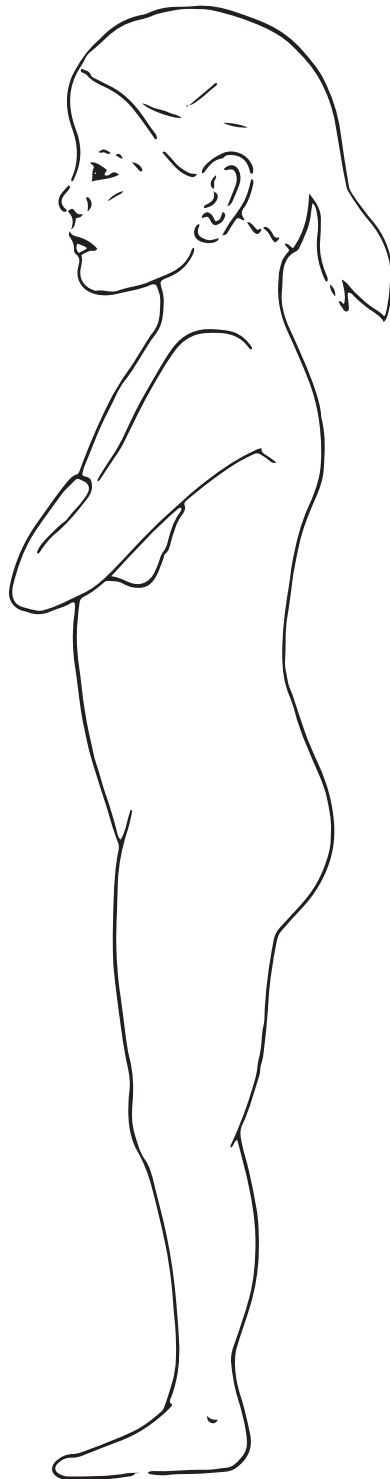
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Young Female Child Left Lateral



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Young Female Child Posteroanterior

