

Patient Name:

Hospital Number:

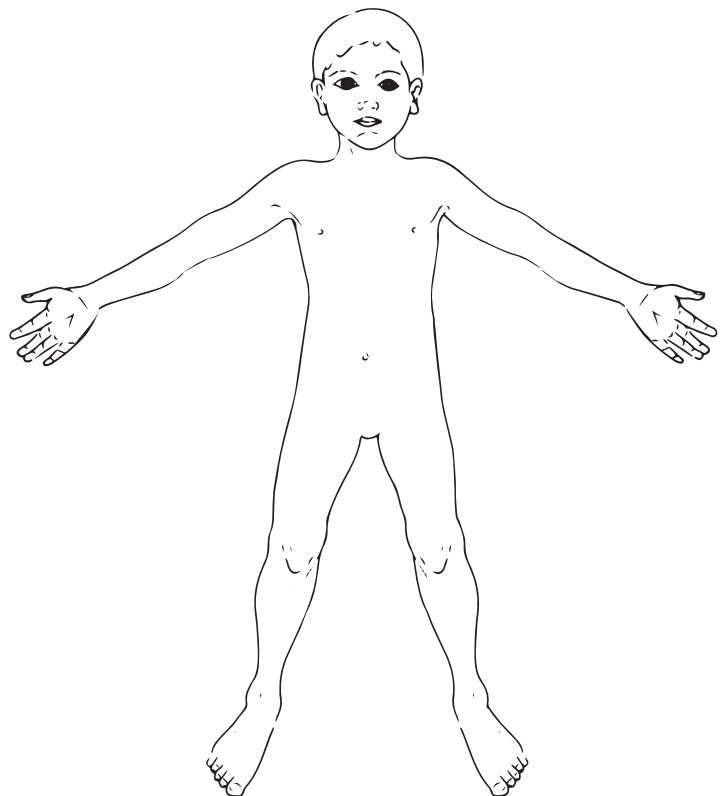
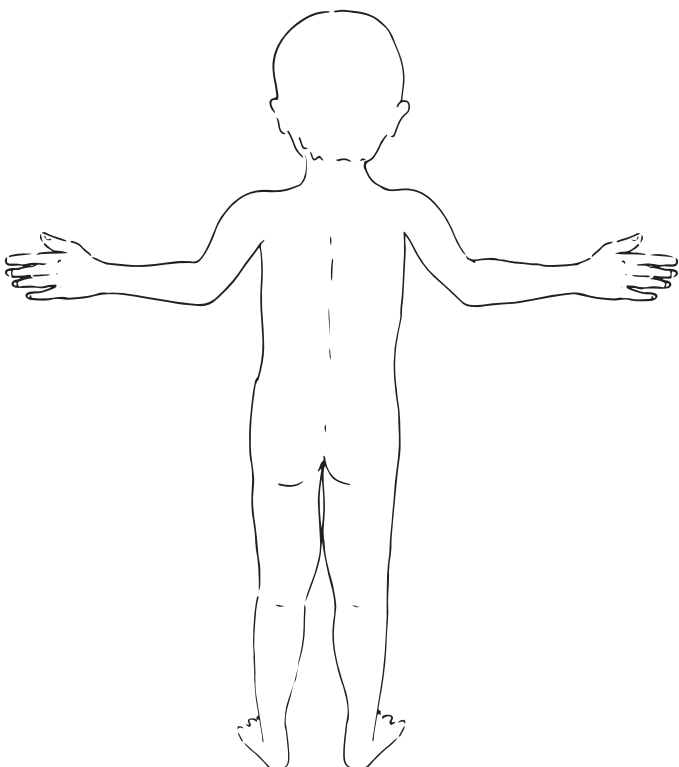
NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:



Patient Name:

Hospital Number:

NHS Number:

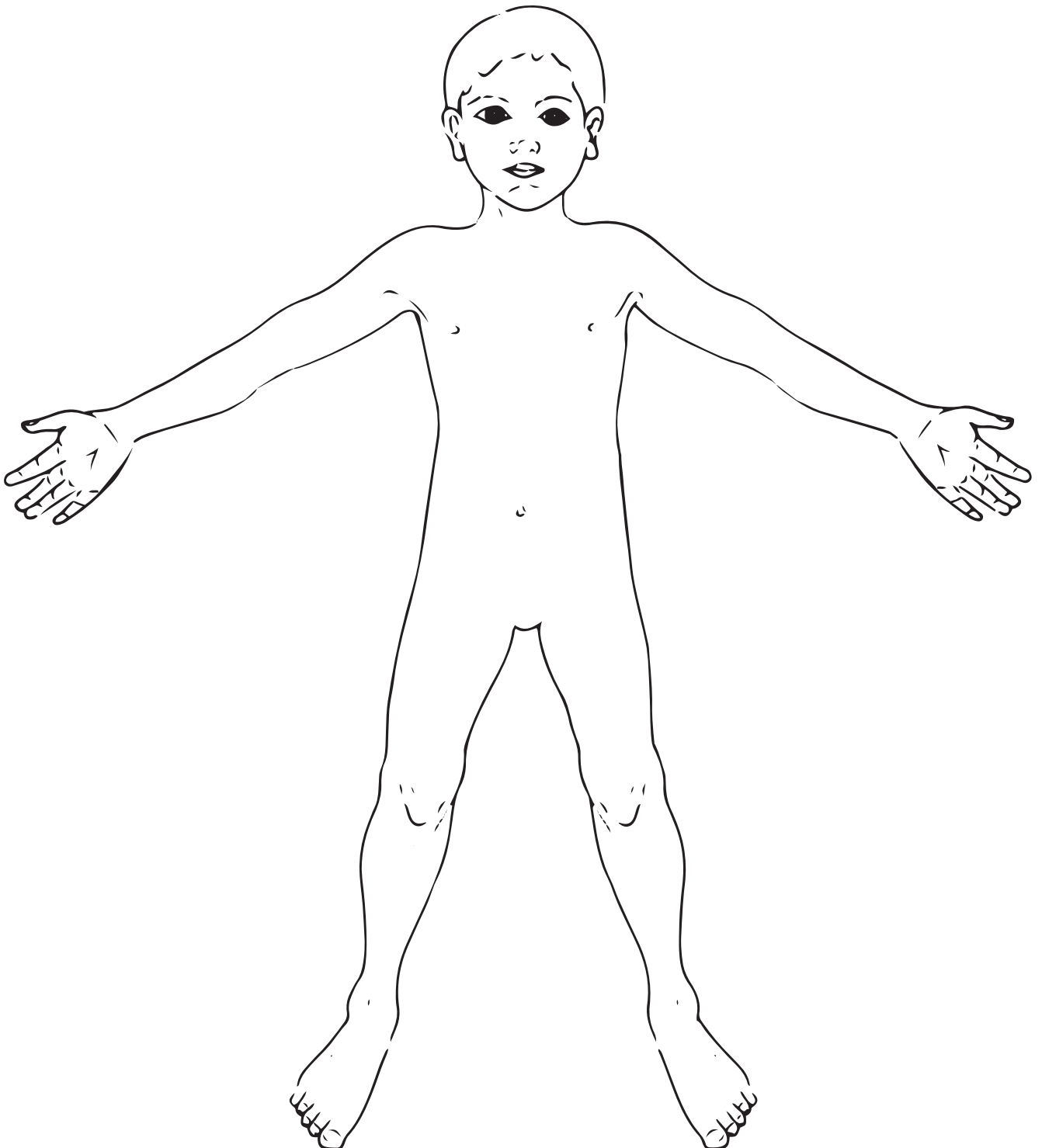
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Young Male Child Anteroposterior



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Young Male Child Right Lateral



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Young Male Child Left Lateral



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Young Male Child Posteroanterior

