

Patient Name:

Hospital Number:

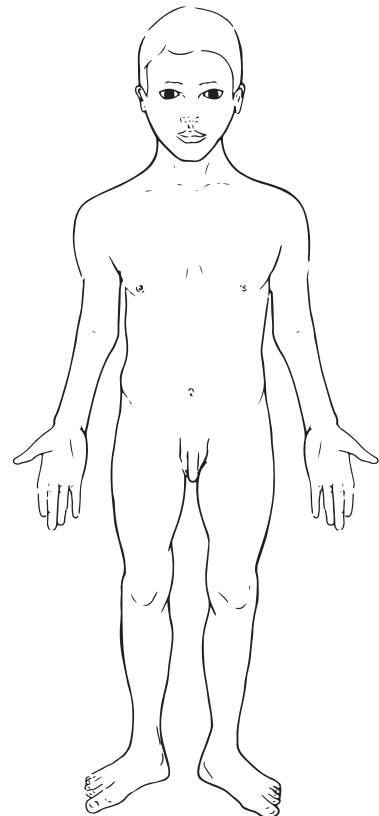
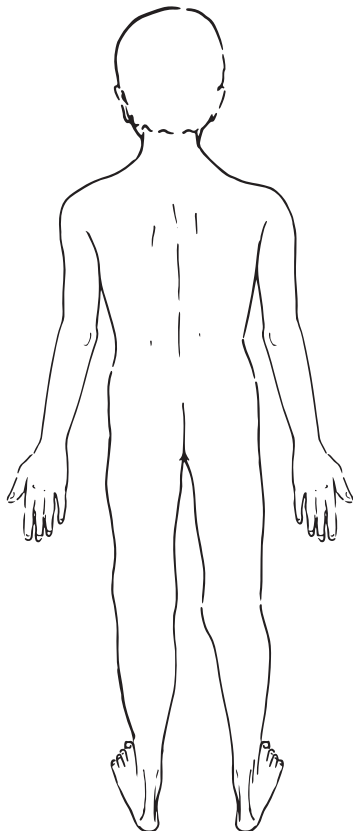
NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:



Patient Name:

Hospital Number:

NHS Number:

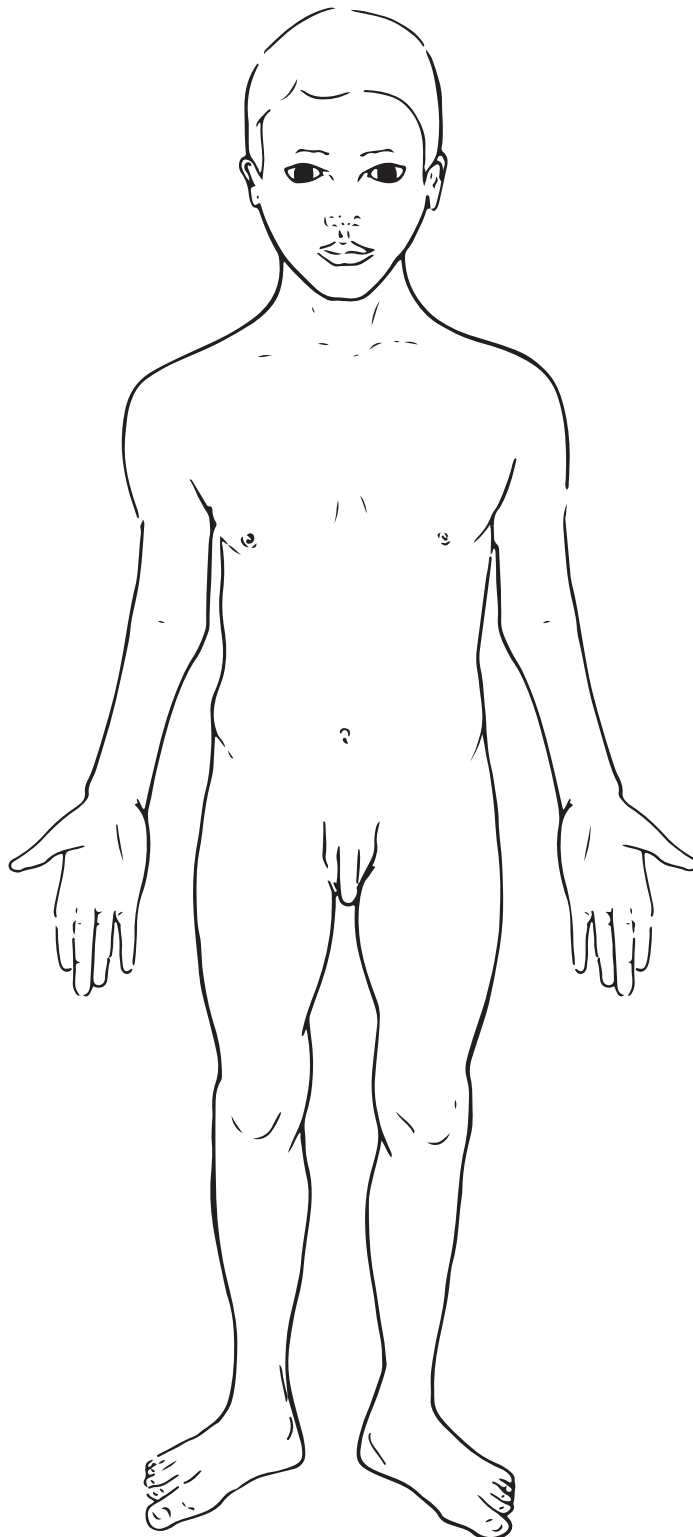
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Male Teenager Anteroposterior



Patient Name:

Hospital Number:

NHS Number:

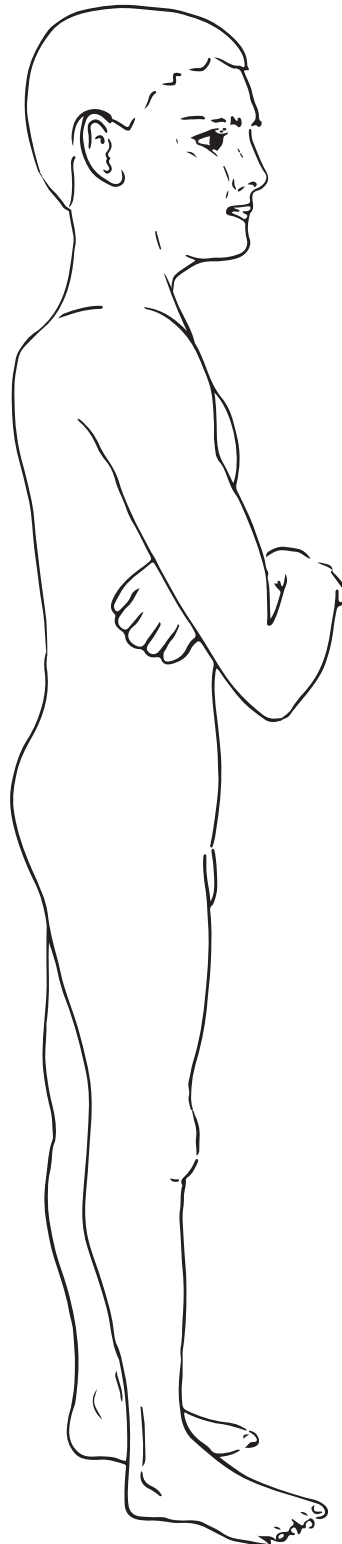
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Male Teenager Right Lateral



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Male Teenager Left Lateral



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Male Teenager Posteroanterior

