

McLaren Medical Group  
**RADIOLOGY CROSS INTERPRETATION (OVERREAD)**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Exam: \_\_\_\_\_ X-Ray Number (if available): \_\_\_\_\_

Date of Exam: \_\_\_ / \_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ Physician: \_\_\_\_\_

History: \_\_\_\_\_

Study Performed	Findings	Impression
<input type="checkbox"/> Chest X-Ray # _____ Views	Lungs: <input type="checkbox"/> Clear <input type="checkbox"/> No Pleural Effusion <input type="checkbox"/> Other Findings: _____ _____ _____ <input type="checkbox"/> Cardiomeastinal Silhouette is Unremarkable <input type="checkbox"/> Osseous Structures are Unremarkable	<input type="checkbox"/> Negative Chest Examination <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____
<input type="checkbox"/> Extremities # _____ Location	<input type="checkbox"/> Bones, joint and soft tissue are within normal limits <input type="checkbox"/> Other Findings: _____ _____ _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Sacroiliac joints are patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Intervertebral foramina are widely patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____ _____ _____ _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ _____ _____ _____ Signature _____

Radiology Interpretation:  Agree    Notify Physician

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