

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 010

REPORT ON X-RAY OF CHEST (P.A. VIEW)

Zone	Division	Branch
Proposal No.		
Agent/D.O. Code:	Introduced by :	(name & signature)
Full Name of Life to be assured:		
Age/Sex	:	

Instructions to Radiologist:

- a. Film-focus distance should be 72 inches
- b. Exposure time should not be longer than 1/10th second
- c. The x-ray plate should be taken in the vertical position of the patient in deep inspiration
- d. The x-ray plate must bear name of the proposer, your initials and date.

Report:

1. Condition of Lungs and Pleura (Full details of abnormality if any should be given)
2. Heart and Aorta
 - a. Transverse diameter of heart
 - b. Transverse diameter of Aortic Arch
 - c. Cardio-thoracic Ratio
 - d. Any changes, such as Arteriosclerotic changes and calcification of aorta etc.
3. Conclusions

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent or the Development Officer.

Dated at _____ on the _____ day of _____ 200_____ at _____ a.m./p.m.

Signature of the L.A.

Signature of the Radiologist
 Name & Address
 Qualification :
 LIC Code No. :