

Patient Name:

Hospital Number:

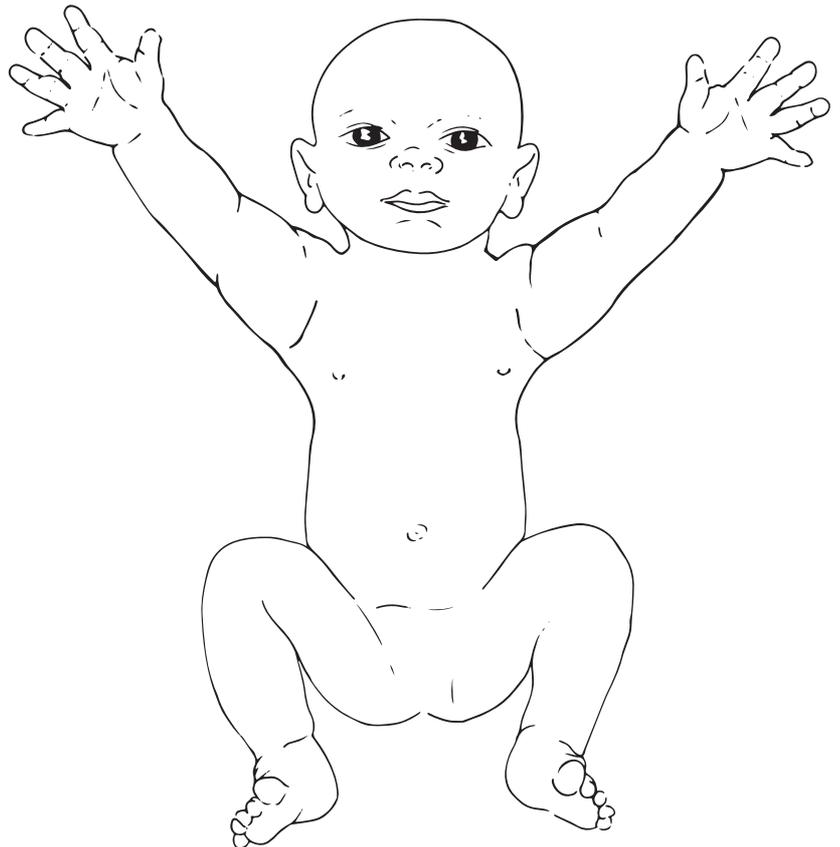
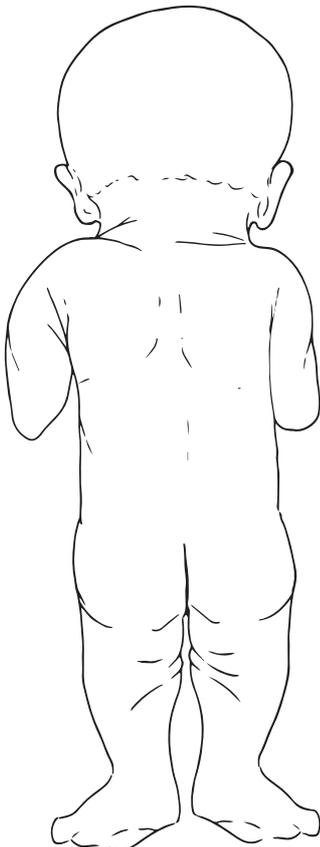
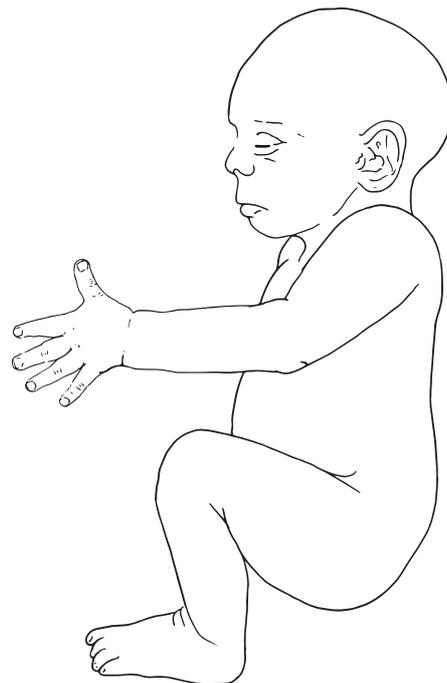
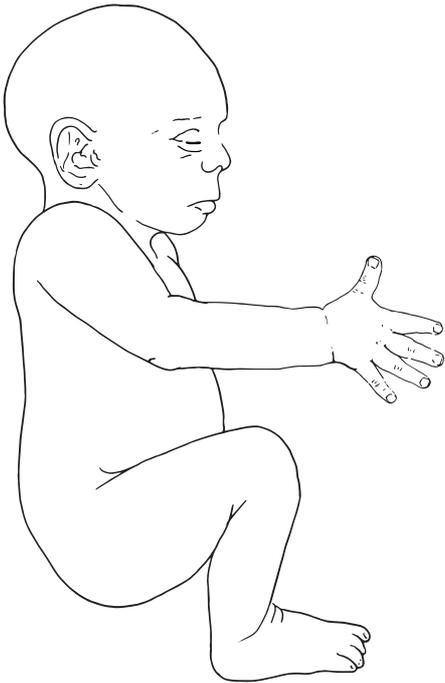
NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:



Patient Name:

Hospital Number:

NHS Number:

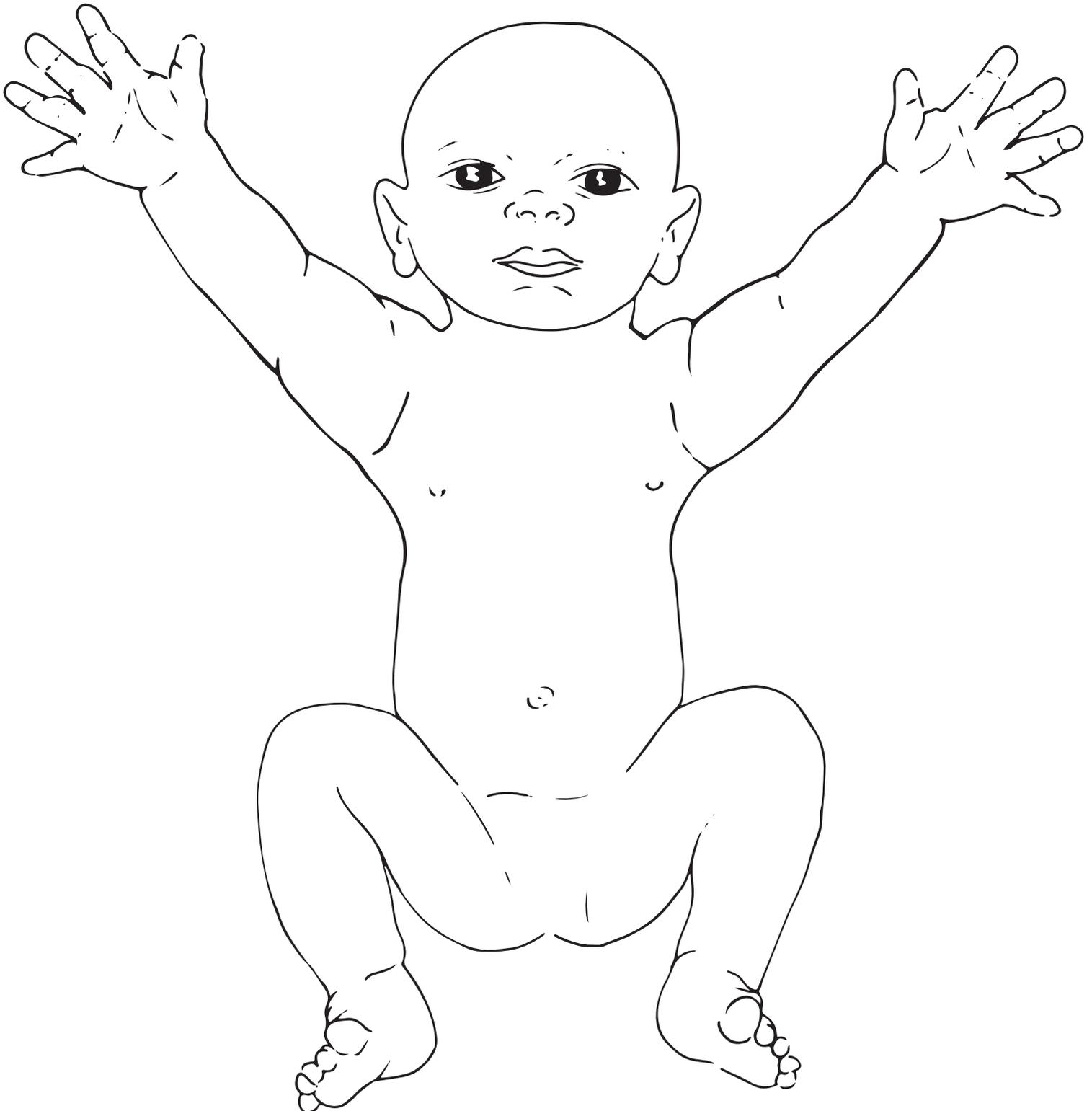
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Baby Anteroposterior



Patient Name:

Hospital Number:

NHS Number:

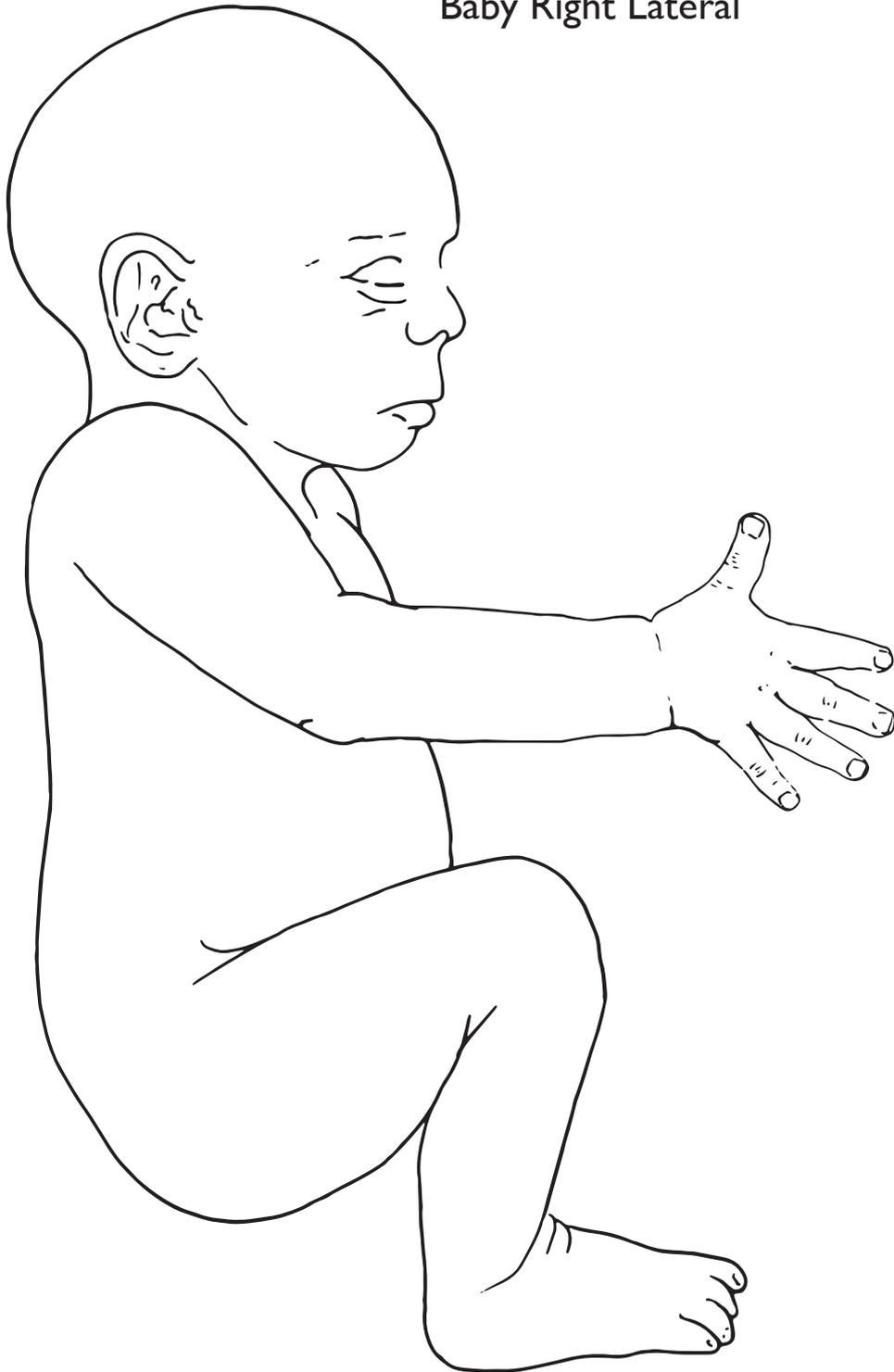
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Baby Right Lateral



Patient Name:

Hospital Number:

NHS Number:

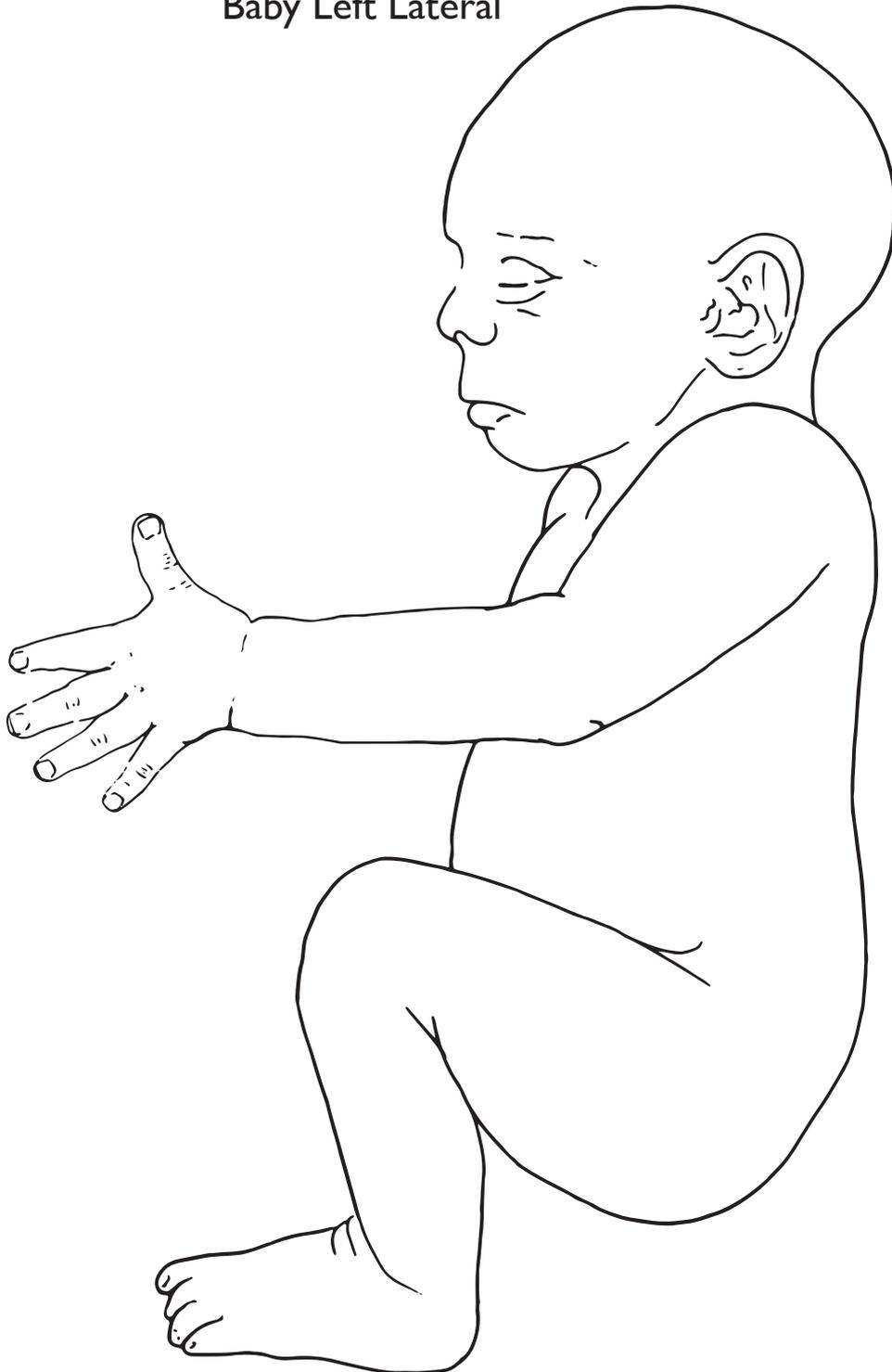
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Baby Left Lateral



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Baby Posteroanterior

