ANNEXURE II – 9

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 $1/10^{th}$ 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 :
LICI Code No. :