**Physician’s Roentgenographic Interpretation Report of Occupational Pneumoconiosis**

<table>
<thead>
<tr>
<th>Claimant Name:</th>
<th>Claim Number:</th>
</tr>
</thead>
</table>

**Claimant’s Social Security Number—last four digits**  
Type of Reading:  
Facility Identification:  

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>P</th>
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</thead>
</table>

1a. Date of X-Ray  
1b. Film Quality  
1c. Is Film Completely Negative?  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>U/R</th>
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</thead>
</table>

2a. Any Parenchymal Abnormalities consistent with pneumoconiosis?  
2b. Small Opacities  
2c. Profusion  
2d. Large Opacities  

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>R</th>
<th>L</th>
<th>Size</th>
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<tbody>
<tr>
<td>P S</td>
<td>P S</td>
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<td>O A B C</td>
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<td>Q T</td>
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<td>O A B C</td>
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</tbody>
</table>

3a. Any Pleural Abnormalities consistent with pneumoconiosis?  
3b. Pleural Thickening  
3c. Pleural Thickening Chest Wall  
   a. Circumscribed (plaque)  
   b. Diffuse  
   a. Diaphragm (plaque)  
   Site:  
   b. Costophrenic Angle  
   Site:  
   a. Diaphragm  
   Site in Profile  
   1. Width 2. Extent  
   b. Wall  
   c. Other sites  
   Site in Profile  
   1. Width 2. Extent  
   a. Diaphragm  
   b. Wall  
   c. Other sites  
   Site in Profile  
   1. Width 2. Extent  

3d. Pleural Calcification  

<table>
<thead>
<tr>
<th>Site</th>
<th>Extent</th>
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</thead>
<tbody>
<tr>
<td>O 1 2 3</td>
<td></td>
</tr>
<tr>
<td>O 1 2 3</td>
<td></td>
</tr>
<tr>
<td>O 1 2 3</td>
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</tbody>
</table>

4a. Any other abnormalities?  

<table>
<thead>
<tr>
<th>O L</th>
<th>Extent</th>
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<tbody>
<tr>
<td>O 1 2 3</td>
<td></td>
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</tbody>
</table>

**SAWC-206**  
06/15
4b. Other Symbols (obligatory)

| O | AX | BU | CA | CN | CO | CP | CW | DI | EF | EM | ES | FR | HI | HO | ID | IH | KL | PI | PX | RP | TB |

Report items which may be of present clinical significance in this section.

OD______________________________ Date personal physician notified:

4c. Other Comments:

Should the worker see a personal physician because of comments in Section 4c?  
☐ Yes  ☐ No  
Proceed to Section 5a

5a. Film Reader’s Initials:  
Physician’s Social Security #:  
Date of Reading:

Physician’s Signature:  
Date: