

Send Completed Form To: Zurich Insurance PO Box 968053 Schaumburg, IL 60196-8053 FAX: 215-861-6893

## Physician's Roentgenographic Interpretation Report of Occupational Pneumoconiosis

Claimant Name:		Cl	laim Number:	
	Security Number- Type of Rea	ding:		Facility Identification:
last four digits	<b>□</b> A	□ B <b>□</b>	P	
1a. Date of X-Ray	1b. Film Quality  1 2 3 U		grade L give rea	IC. Is Film Completely Negative?  Yes (Go to Section 5)  No (Go to Section 2)
2a. Any Parenchy	mal Abnormalities consistent with pn	eumoconios		nplete 2b and 2c) ceed to Section 3)
2b. Small Opaciti a. Shape / Size			c. Profusion	2c. Large Opacities Size
Primary  P S Q T R U	Secondary R I  P S Q T R U	,	2/1 2/2 2/	O A B C
3a. Any Pleural A	bnormalities consistent with pneumoo	oniosis?	Yes (Complete : No Proceed to	
3b. Pleural Thickening a. Diaphragm	3c. Pleural Thickening Chest Wall a. Circumscribed (plaque)		b. Diffuse	
(plaque) Site: ORL	1 TOTHC	L A B C 1 2 3	Profile i. Width	O R O L O A B C O A B C O 1 2 3
b. Costophrenic Angle Site: ORL	Face On iii. Extent O 1 2 3 O	1 2 3	Face On iii. Extent	O     1     2     3     O     1     2     3
3d. Pleural Calcif	ication			
Site a. Diaphragm b. Wall c. Other sites	O         R         Extent           O         1         2         3           O         1         2         3           O         1         2         3	b. V	Diaphragm Vall Other sites	D         L         Extent           O         1         2         3           O         1         2         3           O         1         2         3
4a. Any other abr	ormalities?  Yes - Complete 4b an	d 4🔼 No	- Proceed to Sec	etion 5a

4b. Other Symbols (obligatory)	_										
O AX BU CA CN CO	CP CW DI EF EM	I ES FR	HI	НО	ID	IH	KL	PI	PX R P	_	
Report items which may be of presectionical significance in this section.					_ []	Date	perso	nal ph	ysician	notified	
4c. Other Comments:											
Should the worker see a personal pl	nysician because of comme	ents in Section	on 4c?		Yes		Cection				
5a. Film Reader's Initials:	Physician's Social S	Physician's Social Security #:				Date of Reading:					
Physician's Signature:	<u> </u>	Date:		-							

SAWC-206 02/12