Physician's Roentgenographic Interpretation Report of Occupational Pneumoconiosis

Please return completed form to:
BrickStreet Insurance
P.O. Box 3151
Charleston, WV 25332-3151

Complete in blue or black ink.

Claimant Name:		Claim Number:	
Claimant's Social Security Number:	Type of Reading: ☐ A ☐ B ☐ P	Facility Identification:	
1a. Date of X-Ray (mm/dd/yyyy)	1b. Film Quality ☐ 1 ☐ 2 ☐ 3 ☐ U/R	If not grade L give reason:	1C. Is Film Completely Negative? ☐ Yes (Go to Section 5) ☐ No (Go to Section 2)

2a. Any Parenchymal Abnormalities consistent with pneumoconiosis? ☐ Yes (Complete 2b and 2c) ☐ No Proceed to Section 3

2b. Small Opacities

a. Shape / Size

Primary		Secondary	
P	S	P	S
Q	T	Q	T
R	U	R	U

b. Zones

R	L

c. Profusion

0/1	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/4

2c. Large Opacities

Size			
O	A	B	C

Proceed to Section 3a

3a. Any Pleural Abnormalities consistent with pneumoconiosis? ☐ Yes (Complete 3b, 3c, 3d) ☐ No Proceed to Section 4a

3b. Pleural Thickening

a. Diaphragm (plaque)

Site	O	R	L

b. Costophrenic Angle

Site	O	R	L

3c. Pleural Thickening.....Chest Wall

a. Circumscribed (plaque)

Site In Profile	O	R		O	L		
i. Width	O	A	B	C	O	A	B	C
ii. Extent	O	1	2	3	O	1	2	3
Face On iii. Extent	O	1	2	3	O	1	2	3

b. Diffuse

Site In Profile	O	R			O	L		
i. Width	O	A	B	C	O	A	B	C
ii. Extent	O	1	2	3	O	1	2	3
Face On iii. Extent	O	1	2	3	O	1	2	3

3d. Pleural Calcification

Site	O	R	Extent		
a. Diaphragm		O	1	2	3
b. Wall		O	1	2	3
c. Other sites		O	1	2	3

Site	O	L	Extent		
a. Diagram		O	1	2	3
b. Wall		O	1	2	3
c. Other Sites		O	1	2	3

4a. Any other abnormalities? ☐ Yes Complete 4b and 4c ☐ No Proceed to Section 5a

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

5a. Film Reader's Initials	Physician's FEIN	Date of Reading
Physician's Signature	Date	