encova INSURANCE

PHYSICIAN'S ROENTGENOGRAPHIC INTERPRETATION REPORT OF OCCUPATIONAL PNEUMOCONIOSIS

Return completed form to:
Encova Insurance
P.O. Box 3151
Charleston, WV 25332-3151
Or fax to: 877-898-6980

COMPLETE IN BLUE OR BLACK INK

Claimant name		Claim number	
Claimant 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		b. Zones R	L	c. Profusion			2c. Large opacities Size			
P	S	P	S			0/1	0/0	0/1	O	A	B	C
Q	T	Q	T			1/0	1/1	1/2				
R	U	R	U			2/1	2/2	2/3				
						3/2	3/3	3/4	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)								b. Diffuse							
Site in profile	O	R			O	L			Site in profile	O	R			O	L	
i. Width	O	A	B	C	O	A	B	C	i. Width	O	A	B	C	O	A	B	C
ii. Extent	O	1	2	3	O	1	2	3	ii. Extent	O	1	2	3	O	1	2	3
Face on									Face on							
iii. Extent	O	1	2	3	0	1	2	3	iii. Extent	O	1	2	3	0	1	2	3

3d. Pleural calcification

Site	O	R	Extent			Site	O	R	Extent		
a. Diaphragm	0	1	2	3		a. Diaphragm	0	1	2	3	
b. Wall	0	1	2	3		b. Wall	0	1	2	3	
c. Other sites	0	1	2	3		c. Other sites	0	1	2	3	

4a. Any other abnormalities? ☐ Yes (complete 4b and 4c) ☐ No (proceed to section 5a)

O	AX	BU	CA	CN	C0	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 FEIN	Date of reading
Physician signature	Date	