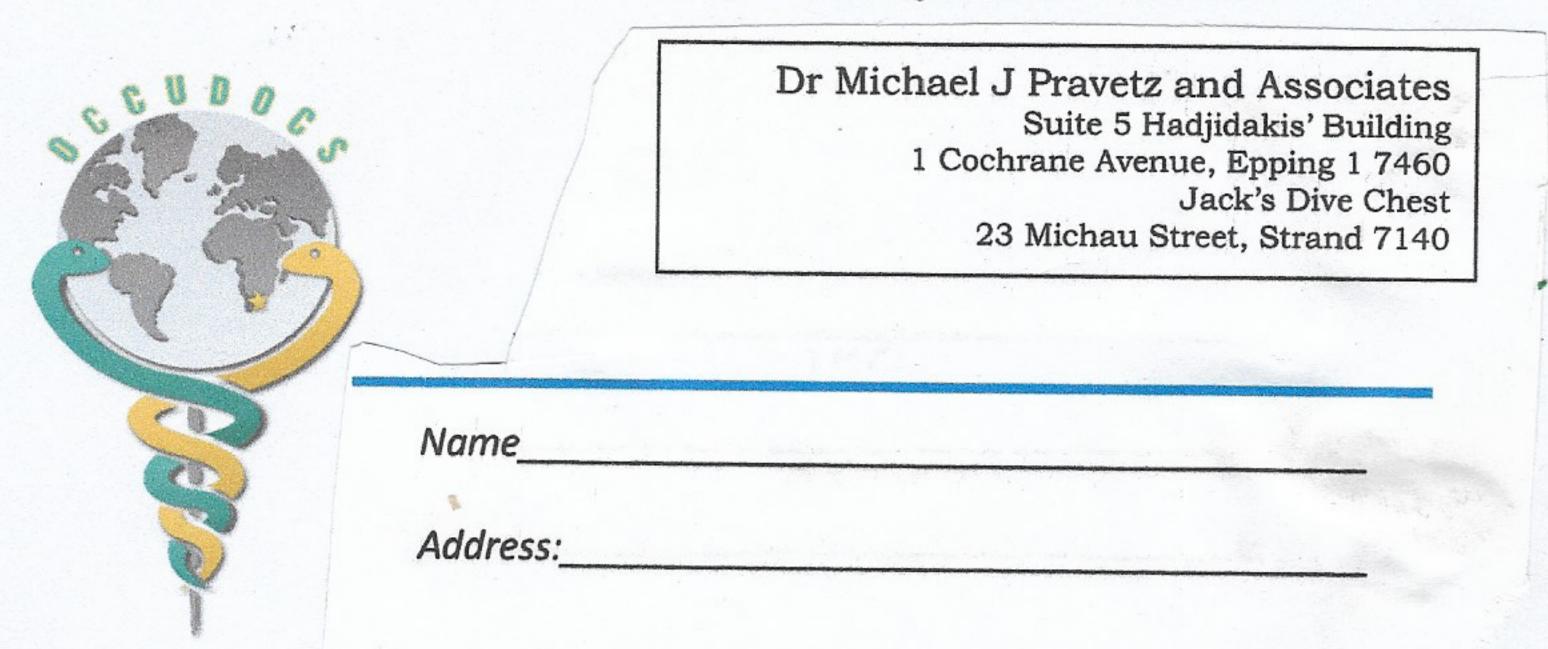
X-RAY REQUEST FORM



The above individual requires a Chest X-ray for occupational purposes. A single view (PA only) for TB Screening is required with report.

ICD Code: Z01.6

0

Once completed, please e-mail the Radiologist's report to:

michaelpravetz@aol.com

Only written interpretations / reports can be submitted to the licensing authority.

Michael Pravet

Michael J. Pravetz, MBBCh, DOH MP0262013 PR 0327379