# [redacted] MOUNT SHEET

X-Rays only

(Consent forms to be affixed to back of sheet)

NAME [redacted]

HOSPITAL No.

D.O.B.

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

| | |
|---|---|
| 11 | |
| 10 | |
| 9 | |
| 8 | |
| 7 | |
| 3 | |
| 2 | |

Apply forms fro...

| ROYAL BELFAST HOSPITAL FOR SICK CHILDREN BELFAST BT12 6BE | FULL NAME ADAM STRAIN 364377 | | HOSPITAL NUMBER |
|---|---|---|---|
| Form No. RBHSC102 | CONSULTANT | WARD/CLINIC Dr Savage Med xx | X-RAY USE |

Left Hand and Wrist No evidence of renal osteodystrophy.
Bone age is 2½ years.

9.11.95. P.S.T.

AS – ROYAL

| Date | Signature |
|---|---|

RADIOLOGICAL REPORT

058-046-243