

# Knee Radiograph Results

Patient information	
Name:	Age:
Gender:	Date of evaluation:
Radiograph details	
Study type:	
Views:	
Findings	
Area	Observations
Bone integrity	
Joint space	
Soft tissues	
Articular surfaces	
Hardware	
Additional observations	
Impression	
Provide a summary of the findings, potential diagnoses, or recommendations for further investigation or treatment.	
Radiologist's signature:	
Radiologist's name:	Date: