

Legal Identification of Your Patients' X-Rays

IT IS VITALLY IMPORTANT TO IDENTIFY YOUR PATIENTS' FILMS PROPERLY.

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I recently reviewed films for a doctor on a personal injury case where there were comparison studies documenting an occult fracture of the pars at L5. The pre-injury films demonstrated a normal lumbar spine. These films had the patient's name identified with only a paper label and not photographically identified on the x-ray film. The post-injury films demonstrated a fracture of the pars at L5 only on the right side. There was no evidence of a spondylolisthesis. These later films were identified properly by photographically marking the x-ray films.

The question was raised by the defendant's attorney that the earlier films could possibly be of a different patient. It was suggested that these films should not be submitted to document this patient's injury because the identification label could have been changed to read any name. Of course this line of questioning did not help the plaintiff's case. We were forced to submit the patient to a bone scan in order to document the fracture and establish that it was a recent injury. This added another expense to an already costly case.

It is imperative that we properly identify all films. This is extremely important in comparison studies, follow-up examinations, and for medicolegal cases. The proper identification should include the following information:

1. The patient's name.
2. Patient's age or date of birth and gender.
3. Date of the study.
4. Location where the study was performed.
5. Markers are essential to designate right and left.

Other information that is not essential but is suggested:

6. Name of referring physician: If you are taking x-rays for another doctor, be sure the referring doctor's name is on the films, otherwise, you may be liable for a patient you never examined.
7. Identification number, case number or social security number of the patient. Larger institutions use a number system for filing their films.
8. It is strongly recommended that markers be used to designate patient position and special projections: i.e., upright, recumbent, left anterior oblique, etc.

If you are not presently labeling your films with this information, start now. There are numerous methods available for marking x-rays. Translucent identification cards are the most common. The information is typed on the card. (Please do not write the information by hand. It is much easier to identify the patient's films if you can read the information.) This information is transferred photographically to the x-ray film, using a film identification printer.

An older method, but still just as efficient, is the aluminum marker plate which has grooves for the placement of lead numbers and letters for labeling the film when the exposure is performed on the patient.

The most recent advanced method to date is with an identification camera in conjunction with cassettes. The cassette is inserted into the camera, a slide cover on the cassette is open and the identification exposure is made. This exposure is automatically timed so that you can never over or underexpose the marker.

The time spent performing the task of identifying your films will save you the embarrassment of criticism in the courtroom and will better protect your patients.

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