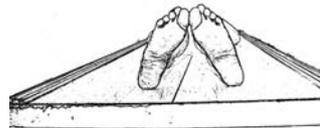
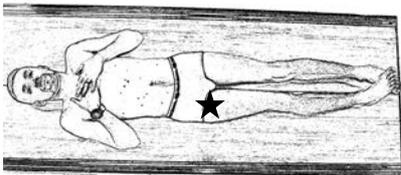


São Paulo, ___ de _____ 20__.

Solicito para _____.

SÉRIE RADIOGRÁFICA DO QUADRIL

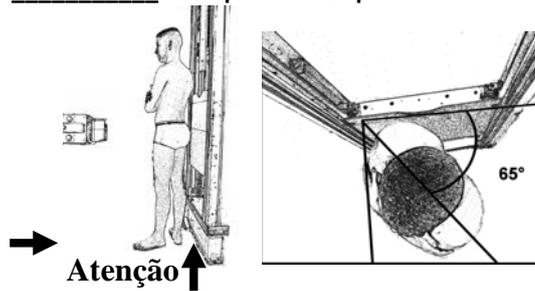
1. Radiografia AP, centrada na sínfise púbica, com rotação interna dos membros inferiores
2. Radiografia AP, centrada na sínfise púbica, com rotação interna dos membros inferiores, EM PÉ



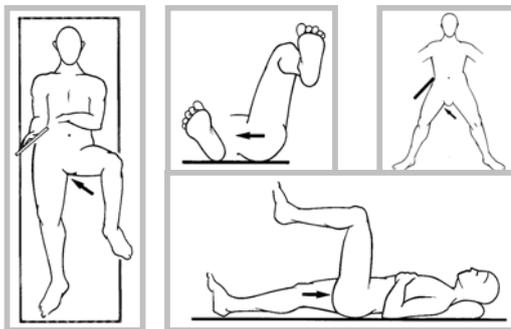
3. Radiografia de bacia Lauenstein (posição de rã)



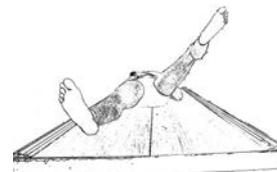
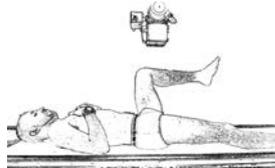
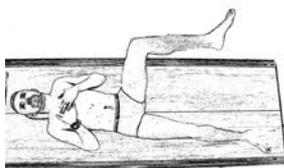
4. Radiografia do quadril _____ falso perfil de Lequesne.



5. Radiografia do quadril _____ perfil cirúrgico (Cross-table ou Arcelin)



6. Radiografia do quadril _____ perfil de Ducrocqet



7. Escanograma de Membros Inferiores