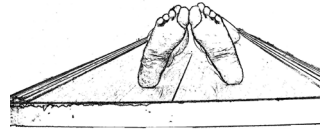
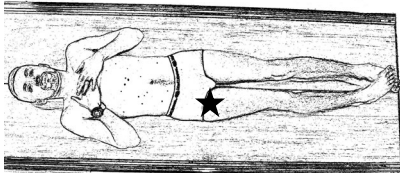


São Paulo , _____ de _____ de 20_____.

Solicito para _____

SÉRIE RADIOGRÁFICA DO QUADRIL

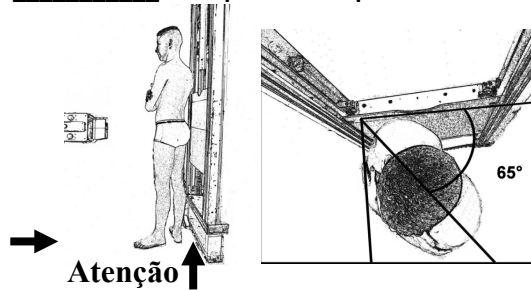
1. Radiografia AP, centrada na sínfise púbica, com rotação interna dos membros inferiores



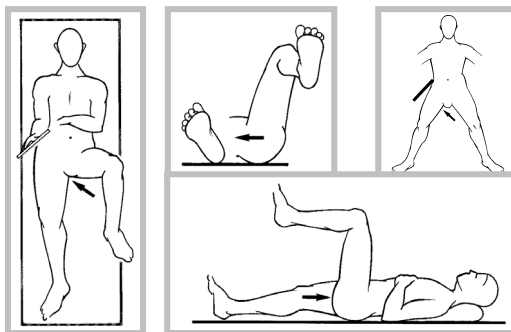
2. Radiografia de bacia Lauenstein (posição de rã)



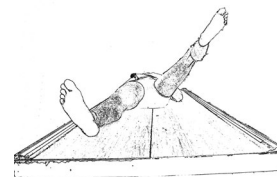
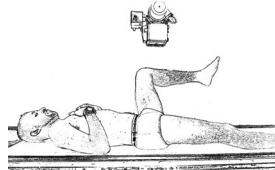
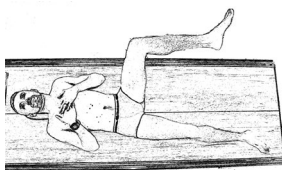
3. Radiografia do quadril _____ falso perfil de Lequesne.



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



5. Radiografia do quadril _____ perfil de Ducrocqet



6. Escanograma de Membros Inferiores