

APPLICATION FOR C.T. SCAN OF WHOLE BODY / BRAIN

Appointment on : \_\_\_\_\_ Time : \_\_\_\_\_

Name of Patient ELINA SHERPA Age : 48yrs Sex : F  
 O.P.D. Regn. No. : \_\_\_\_\_ Indoor Regn. No. : 52164  
 Cabin / Paying / Free Bed : \_\_\_\_\_ Bed No. : \_\_\_\_\_  
 Name of Hospital : NBMC & H Ward No. : FCW  
 Refd. by : Unit II (G/s)

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS

REST of brain

AREA OF INTEREST

- |   |                  |                 |
|---|------------------|-----------------|
| 1. SPINE - CERVICAL / THORACIC / LUMBAR | 2. LIVER         | 3. GALL BLADDER |
| 4. SPLEEN                               | 5. PANCREAS      | 6. KIDNEYS      |
| 7. SUPPARENAL                           | 8. PALVIC ORGANS | 9. THORAX       |
| 10. BRAIN                               | 11. OTHERS       |                 |

SUSPECTED NATURE OF LESION

- |                             |                   |              |                |
|-----------------------------|-------------------|--------------|----------------|
| 1. CONGENITAL               | 2. INFLAMMATORY   | 3. TRAUMATIC | 4. HAEMATOLOGY |
| 5. TUMOUR-PRIMARY/SECONDARY | 6. FOREIGN BODIES | 7. OTHERS    |                |

OTHER INFORMATION

Aay / Previous / C.T. Scan : Yes / No. \_\_\_\_\_ Date 12/8/18  
 Aay History of Allergy / Asthma : \_\_\_\_\_  
 May We I. V. Contrast : Yes / No. \_\_\_\_\_

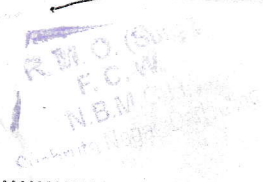
RECORDS OF OTHER INVESTIGATIONS

- A. Plain Films :
- B. Ultrasound Study :
- C. Other Special Investigations

Signature of Arijit Koley  
 Referring Doctor ..... DR. ARIJIT KOLE .....  
 Unit / Ward with Seal.

66437

Signature of the Head of  
 Institution / Hospital.....  
 Unit / Ward with Seal.



N.B. : Report is to be Collected with in one month of Scan.