

Norui Bengal Medical College & Hospital
SUSHRUTA NAGAR, DARJEELING

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

Appointment on :

Time :

Name of Patient **BUDHAN KOL**

Age : **22y**

Sex : **M**

O.P.D. Regn. No. :

Indoor Regn. No. : **52373**

Cabin / Paying / Free Bed :

Bed No. : **FG**

Name of Hospital : **NBMCH**

Ward No. : **MM2**

Refd. by : **NBMCH**

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS

Seizure disorder

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 *13/8/18*

Aay History of Allergy / Asthma : *NCC Brain*

May We I. V. Contrast : Yes / No.

RECORDS OF OTHER INVESTIGATIONS

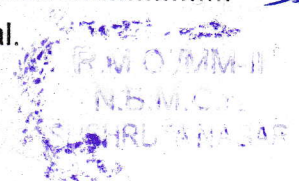
- A. Plain Films :
- B. Ultrasound Study :
- C. Other Special Investigations

DR AMIT CHAKRABORTY
Amit Chakraborty
RI 6-67350
(W3ME)

Signature of

Referring Doctor

Unit / Ward with Seal.



Signature of the Head of
Institution / Hospital.....

Unit / Ward with Seal.

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