

North Bangal Medical College & Hospital
SUSHRUTANAGAR, DAEJEELING

7387

REQUISITION FOR C.T. SCAN OF WHOLEBODY / BRAIN

Appointment on :

Time :

Name of Patient : *Luna Bhattacharjee*
O.P.D. Regn. No. :
Cabin/Paying/Free Bed :
Name of Hospital : *NBMCH*
Refd. by : *Dept. of Medicine*

Age : *39y* Sex : *Female*
Indoor Regn. No. : *52862*
Bed No. : *X-27*
Ward No. : *fmw-1*

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS (NCCT Brain)

CVA

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 *16/08/18*

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 :

Sachin Singh
SACHIN SINGH
Signature of Referring Doctor.....
Unit / Ward with Seal.
U @ *Radha*
R.M.O.
Dept. of Medicine
N.B.M.C & Hospital
Suchruta Nagar, Darjeeling