

North Bengal Medical College & Hospital

SUSHRUTA NAGAR, DARJEELING

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

Appointment on :

Time :

Name of Patient **LIPI BASAK** Age : **35** Sex : **F**
 O.P.D. Regn. No. : **1800361067** Indoor Regn. No. :
 Cabin / Paying / Free Bed : **ENT OPD** Bed No. :
 Name of Hospital : **N.B.M.C.H.** Ward No. :
 Refd. by : **N.B.M.C.H.**

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS

CECT Neck & special emphasis
to supradiaphragm Region

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: 14/05/2018

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

Referring Doctor **DR ARUNAVA GHOSH**
 Unit / Ward with Seal. **Reg 69718 (WBUM)**

R. M. O.
DEPT. OF ENT.
 N.B. Medical College
 Sushrutanagar, Darjeeling

Signature of the Head of