

REQUISITION FOR C.T. SCAN

Appointment on :

Time :

Name of Patient : NAZMA KHATUN
O.P.D. Regn. No. : 2644
Cabin/Paying/Free Bed :
Name of Hospital : NBMCH
Refd. by : Chest Medicine

Age : 20 - Sex : F
Indoor Regn. No. :
Bed No. :
Ward No. :

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS

Asthma (8-40%)
Chest X-ray

AREA OF INTEREST

- | | | |
|--------------------------------------|-------------|-----------------|
| 1. SPINE- CERVICAL / THORACIC/LUMBAR | 2. LIVER | 3. GALL BLADDER |
| 4. SPLEEN | 5. PANCREAS | 6. KIDNEYS |
| 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: 7/08/18

Aay History of Allergy / Asthma :

May We I. V. Contrast : Yes / No

Urea : 24mg/dl Creatinine - 0.5 mg/dl

RECORDS OF OTHER INVESTIGATIONS

- A. Plain Films :
- B. Ultrasound Study :
- C. Other Special Investigations : *None*

Signature of

Referring Doctor.....

Unit / Ward with Seal. ,

R. M. O.
R J J 2 N A J H A
69577 (WBMC)

R. M. O.
DEPT. OF CHEST
N. B. M. C. H.