

REQUISITION FOR C.T. SCAN OF WHOLE BODY

Appointment on :

Time :

Name of Patient : Ashmi
O.P.D. Regn. No. : N 5935680
Cabin/Paying/Free Bed :
Name of Hospital : NBMCH
Refd. by : Dept of Chest

Age : 9 yrs
Indoor Regn. No. :
Bed No. :
Ward No. :
Sex : female.

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS

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.....

Aay History of Allergy / Asthma :

May We I. V. Contrast : Yes / No

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RECORDS OF OTHER INVESTIGATIONS

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

Signature of Referring Doctor.....
Unit / Ward with Seal.

Ritika Jha
RITIKA JHA
89577 (w/ur) R.M.O. DEPT. OF CHEST N.B.M.C.H.

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