

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

Appointment on :

Time :

Name of Patient : ANJUNA KHATOON
 O.P.D. Regn. No. :
 Cabin / Paying / Free Bed : Free
 Name of Hospital : NBMCH
 Refd. by :

Age : 26 yr Sex : Female
 Indoor Regn. No. : 52735
 Bed No. : (7)
 Ward No. : FCW

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS

H/o physical assault. Blunt Trauma head
 NECT Brain

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~~.
 Aay History of Allergy / Asthma : Nil
 May We I. V. Contrast : Yes / ~~No~~.

Date: 15/08/18

RECORDS OF OTHER INVESTIGATIONS

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

Signature of **Dr. HARMONIK LINKON**
 Referring Doctor **ADAM MIRZA ALAM**
 Unit / Ward with Seal. 74742 (WBMCH)

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