

REQUISITION FOR C.T. SCAN OF WHOLEBODY / BRAIN

Appointment on :

Time :

Name of Patient :

TAPOTI MAG

Age : 39

Sex : R

O.P.D. Regn. No. :

8745

Indoor Regn. No. :

Cabin/Paying/Free Bed :

MOPD

Bed No. :

Name of Hospital :

N. B. M. C. H. Hospital

Ward No. :

Refd. by :

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS

N CCT 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.

Date :

Aay History of Allergy / Asthma :

May We I. V. Contrast : Yes / No.

Handwritten notes:
Cable
L.P. 20/10/01
63801
R. M. O.

RECORDS OF OTHER INVESTIGATIONS

R. M. O.
Dept. Of Medicine
N.B.M.C.H.

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

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

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