

REQUISITION FOR C.T. SCAN OF WHOLEBODY / BRAIN

Appointment on :

Time :

Name of Patient : SER BAHADUR THAPA

Age : 88

Sex : M

O.P.D. Regn, No. :

Indoor Regn. No. :

Cabin/Paying/Free Bed : 5772393

Bed No. :

Name of Hospital : NBMCH

Ward No. :

Refd. by :

BRIEF CLINICAL HISTORY & PHYSICAL FINDINGS

CECT THORAX

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

RECORDS OF OTHER INVESTIGATIONS

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

Signature of SKJIT KUMAR  
 Referring Doctor..... BHATTACHARYA  
 Unit / Ward with Seal. 4829540

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