

GOVERNMENT OF WEST BENGAL Plate No.....

E.S.I. Hospital, Jadurberia, Uluberia, Howrah Film No.....

Requisition form for X-Ray/ E.C.G/ U.S.G. Size.....

Name of I. P. Patient *Pranali Dasgupta* Age..... Sex *F*

Ins No. *411562339* Ward / E.R..... Bed No. *151*

Physician/Surgeon.....

Reg. No..... Date *17/8/18*

Clinical History.....

Provisonal Diagnosis *C.T. Scan of lower Thrombocytopenia*

Investigation to be done

[Signature]
Signature of M.O./ Specialist

Report of X- Ray/ USG/ECC

Medical Officer
E.S.I. Hospital
Uluberia, Howrah

[Signature]
Emergency Medical Office,
Uluberia S. D. Hospital
Uluberia, Howrah

Signature of Radiologist/M.O.

Note- X-Ray L.S. Spine- Tab. Dulcolax 2 tabs at bed time with warm water. No. feed.

- USG
1. Upper Abdomen/Whole Abdomen- in empty Stomach.
 2. Lower Abdomen/ KUB/ First Trimester of pregnancy- Full Bladder.
 3. 2nd & 3rd Trimester of Preg-Ne Preparation.