Pt was already scheduled & examined by Dr Anum Kr Gupta but lost the form kindly do it at earliest. Thank you

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name : Sunita Singh Age/Sex : 29/F Ref. Deptt./Unit : Surgery III Date : 2/2/17

Indoor (Bed No.) / Outdoor/ Casualty OPD No. / UHID No. : LMP :

Examination Required :

Ultrasound USG Abdomen Doppler (Arterial / Venous) Interventional Procedure

CT HRCT Dual Phase CT CT Angiography

Clinical History and Examination :

post LT MRM for Ca LT Breast
post adj CT + RT.
USG Abd to look for Mets.

Clinical / Working Diagnosis :

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : ~~1/2/2017~~ 9/3/17, 8:30 AM

NPW Room

US / CT Number : No. of Films used :

Signature of Radiographer / Date :