



DEPARTMENT OF RADIOLOGY & IMAGING

Govt. of N.C.T. of Delhi

गोविन्द बल्लभ पन्त स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान

GOVIND BALLABH PANT INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH (GIPMER)

1, Jawahar Lal Nehru Marg, New Delhi - 110 002



REQUISITION FORM FOR ULTRASOUND / DOPPLER

Name of Patient <i>Ajia No 2</i>	Age <i>8y</i>	Sex <i>F</i>	Ward	Bed No.	Unit	C. R. No. <i>18/1/14</i>
Head of the unit <i>Dr B. C. Sharma</i>	OPD <i>Int</i>		OPD No. <i>2097339</i>			
Exact part to be examined <i>US 9 whole abd</i>						

Short Clinical History and duration of illness / Clinical diagnosis :

Hernia

CHARGES.....Rs. 50/-

Previous investigations (Send reports of previous examinations)

Medical Officer / Designation

DATE OF ULTRASOUND / DOPPLER

INSTRUCTIONS TO THE PATIENTS :

(Tick whichever is applicable)

1. Appointment is fixed on _____ at 9.00 AM in Room No. _____
2. Charges _____ to be deposited at Main Enquiry Reception, GIPMER on the same day.
3. Overnight Fasting.
4. To come with full bladder.

Ultrasound No.

Date :

Nursing Staff/Technical

Report Overleaf

GIPMER