

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 Divyanshu	Age 28/m	Sex M	Ward 26	Bed No. 20	Unit	C. R. No. 359810
Head of the unit Dr. Sumod			OPD		OPD No.	
Exact part to be examined USG (B/L) LL doppler [Rule out DVT]						

Short Clinical History and duration of illness / Clinical diagnosis :

Post PDA device closure

Previous investigations (Send reports of previous examinations)

[Signature]
Senior Resident
Department of Cardiology
GIPMER, New Delhi
Medical Officer / Designation

DATE OF ULTRASOUND / DOPPLER

INSTRUCTIONS TO THE PATIENTS :

(Tick whichever is applicable)

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

Ultrasound No.

Date :

Nursing Staff/Technical

Report Overleaf

GIPMER

15/9/16

USA Bilateral lower limb venous Doppler

- Bilateral Common femoral vein, deep femoral vein, superficial femoral vein, popliteal vein, anterior and posterior tibial vein, show anechoic lumen, with pulse compressibility and colour flow on colour Doppler

Impression Normal venous Doppler study

Dr Paron / Dr Wayne