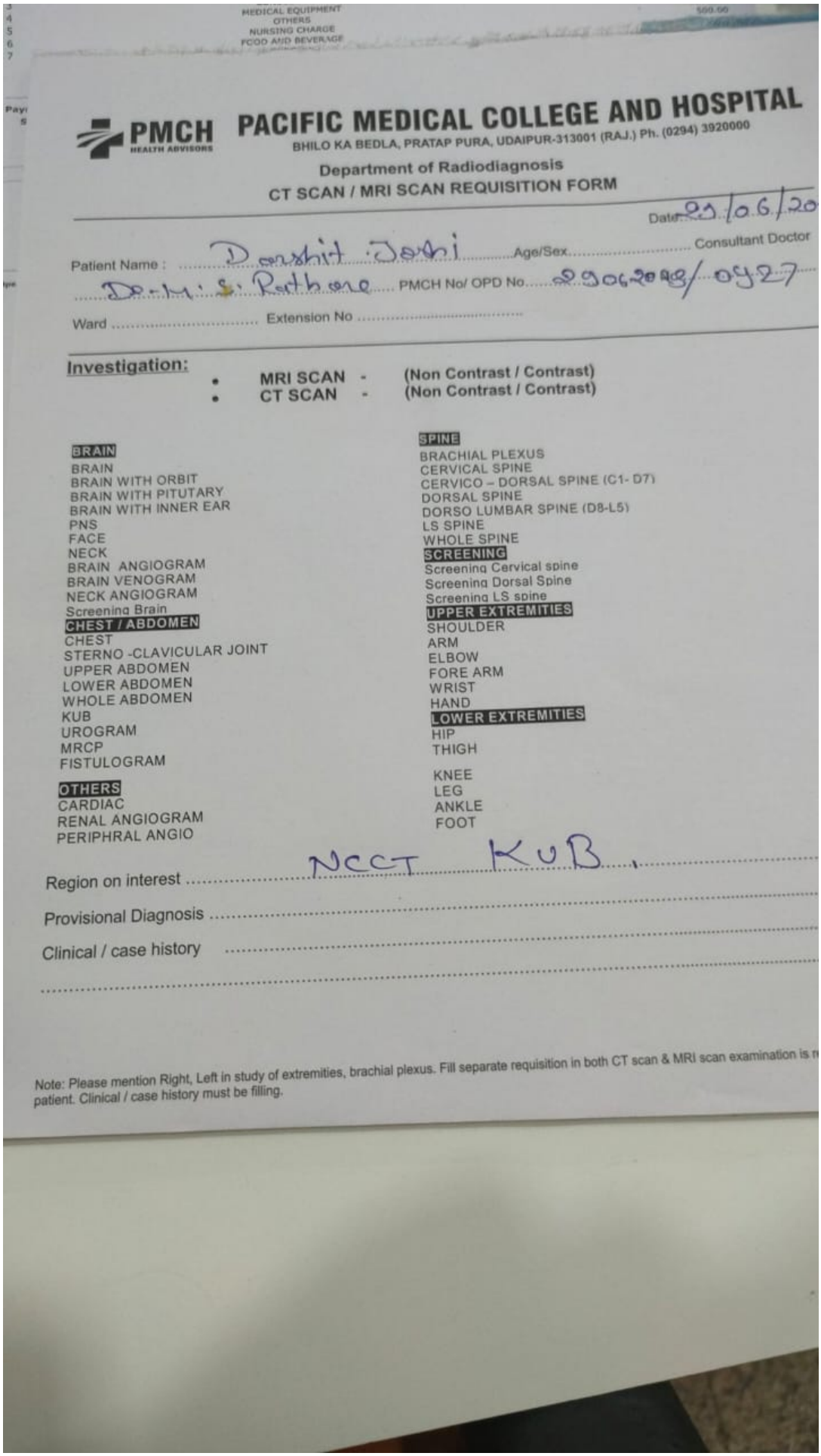

MEDICAL EQUIPMENT
OTHERS
NURSING CHARGE
FOOD AND BEVERAGE

PMCH HEALTH ADVISORS

PACIFIC MEDICAL COLLEGE AND HOSPITAL

BHILO KA BEDLA, PRATAP PURA, UDAIPUR-313001 (RAJ.) Ph. (0294) 3920000

Department of Radiodiagnosis

CT SCAN / MRI SCAN REQUISITION FORM

Date 29/06/20

Patient Name : Darshit Joshi Age/Sex ..... Consultant Doctor

Dr. M. S. Rathore PMCH No/ OPD No 29062023/0927

Ward ..... Extension No .....

Investigation:

- **MRI SCAN** - (Non Contrast / Contrast)
- **CT SCAN** - (Non Contrast / Contrast)

BRAIN
BRAIN
BRAIN WITH ORBIT
BRAIN WITH PITUTARY
BRAIN WITH INNER EAR
PNS
FACE
NECK
BRAIN ANGIOGRAM
BRAIN VENOGRAM
NECK ANGIOGRAM
Screening Brain

CHEST / ABDOMEN
CHEST
STERNO -CLAVICULAR JOINT
UPPER ABDOMEN
LOWER ABDOMEN
WHOLE ABDOMEN
KUB
UROGRAM
MRCP
FISTULOGRAM

OTHERS
CARDIAC
RENAL ANGIOGRAM
PERIPHRAL ANGIO

SPINE
BRACHIAL PLEXUS
CERVICAL SPINE
CERVICO – DORSAL SPINE (C1- D7)
DORSAL SPINE
DORSO LUMBAR SPINE (D8-L5)
LS SPINE
WHOLE SPINE

SCREENING
Screening Cervical spine
Screening Dorsal Spine
Screening LS spine

UPPER EXTREMITIES
SHOULDER
ARM
ELBOW
FORE ARM
WRIST
HAND

LOWER EXTREMITIES
HIP
THIGH
KNEE
LEG
ANKLE
FOOT

Region on interest NCCT KUB

Provisional Diagnosis .....

Clinical / case history .....

.....

Note: Please mention Right, Left in study of extremities, brachial plexus. Fill separate requisition in both CT scan & MRI scan examination is r
patient. Clinical / case history must be filling.