

DIPHU MEDICAL COLLEGE & HOSPITAL

Requisition Form For Radiological Examination

Hospital No. 102776

Regd. No. _____ Ward No. _____ Bed No. _____

Patient's Name Kale Telangi Age 34 Sex F

Brief Clinical Notes _____

Clinical diagnosis Potential AUB-P.

Previous Examination (if any please send previous films)

Part to be Examined USG (pelvic organ) (mention endometrial thickness)

Date 4/10/2023

D. Baisakhi
Signature of the Medical Officer

Res

① tab ofloxacin + ornidazole ~~500mg~~
○ ————— ○ x 5 days after food.

② tab pantoprazole 40
○ ————— ○ 5 days

③ tab ranexamine acid 500mg
○ ————— ○ x 3 days.

Am - to attend GORD

→ HPE report

→ USG pelvis open (menstrual endometrium thickens)

→ CBC.

Banner

④ - lab FA 100⁺
x — ○ — x 3 months.