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EC0015

HISTOPATHOLOGY REQUISITION FORM

PATIENT NAME :- BABY. Nayadhiya AGE/SEX :- 7y/F

WARD/OPD :- O.T. RBID :-

REFERRED DOCTOR :- Dr. [illegible] DATE :- 31/01/25

OPERATIVE PROCEDURE :- Cyst gastrostomy

SITE :-

SIDE :-

CLINICAL HISTORY :-

PREVIOUS INVESTIGATION :-

RADIOLOGY :- A1518373

X-RAY :-

CT :-

MRI :-

CT/CT SCAN :-

PATHOLOGY :-

BIOPSY :-

CLINICAL DIAGNOSIS :- Ant Pancreatic

AUTHORIGED SIGN