



HISTOPATHOLOGY REQUISITION FORM

PATIENT NAME :- *Mr. Normal Singh* AGE/ SEX :- *54 Y/M*

WARD OPD :- *OT* RBID :-

REFERRER DOCTOR :- *Dr. Nitish Tiwari* DATE :- *21/01/26*

OPERATIVE PROCEDURE :- *Turp.*

SIZE :-

SIDE :-

CLINICAL HISTORY :- *BPH*

PREVIOUS INVESTIGATION :-

RADIOLOGY :-

X-RAY :-

CT :-

MRI :-

CECT SCAN :-

PATHOLOGY :-

BIOPSY :-

CLINICAL DIAGNOSIS :-

[Signature]
AUTHORISED SIGN