EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL
PEENYA, BENGALURU - 560 022.

(Under Ministry of Labour & Employment, Govt. of India)

ISO 9001 : 2015 CERTIFIED

CT AND MRI CENTRE

Date :.....

Name : .....Age.....Sex F/M

Ref. Physician .....

Insurance No. .....IP/OP No. .....Ward/OPD.....

EXAM REQUESTED

C.T. Scan

MRI

Clinical History :

Provisional Diagnosis :

Any Special Instruction :

Is the patient Pregnant : Yes No

LMP : Doctor's Signature Signature of competent authority

Request No. : **Radiology - Office Use**

Request/Examination		Films Status		Reporting / Typing / Dispatching	
Request received		Films Printed		Reported by Radiologist	
Appointment for Examination		Wet Film Dispatched		Report Typing	
Patient Received in Radiology		Film Kept for Reporting		Report issued to Dispatch Desk	
Examination Performed		Return of wet film to radiology		Report issued to Ward	

Please bring all old records Including Lab reports