

SHREE HINDU HOSPITAL

SHREE HINDU HOSPITAL P.O.Box 3051 ARUSHA TANZANIA

Patient Name: Graceana P Temba

Authorization Number: 130129454573

Patient ID: 2782

Visit No: 60100

Card No: 101400483487

Patient Case Notes

waist pain

left foot heel pain , pv discharge with foul smell, dry cough, headache ,

Clinical Radiology Summary

Date	requested test	Clinical Information	Findings	Doctor
05/03/2021	X-Ray - Lumbar Spine- SACRAL (AP/LAT)	left foot heel pain , pv discharge with foul smell, dry cough, headache ,	done	Dr.Deodatus William

Clinical Laboratory Result

Parameter	Normal Range	Msr Unit	Results
urine			5-10pc/hpf