

# Faith Mediplex X-Ray Department

1, Giwa-Amu/Airport Road  
Benin City. Tel. 07067403594

## X-Ray Order Form

Surname:..... Other Name:.....

Age:..... Sex:..... Date:.....

Address:.....

O. P. D NO. .... HOSP. NO. ....



## Clinical Information

### Examination Requested

Previous Operations:.....

Possible Pregnancy: Yes ☐ No ☐

Previous X-Ray: .....

Allergies:.....

Referred by:.....

Address:.....

Signature:.....