

Please Book for Mr. Oduro

**MINISTRY OF HEALTH, GHANA**

**X-RAY REQUEST FORM**

Name of Patient..... Fibi fadelle ..... Age..... 44yr

Ward/Address.....

Brief Clinical History.....

Abnormal uterine bleeding  
20 uterine myomata  
1 Hemorrhagic ovarian cyst

Radiological Investigation Requested.....

Pelvic usg

Medical Officer/Dr..... Kwalya - Ans - P

Station/Address..... Right Hemiball

X-Ray Serial No.....

Previous Serial No./Previous Exams Details.....

20.....