C&J MEDICARE HOSPITAL
YOUR NO. 1 PARTNER IN QUALITY HEALTHCARE

ENDOSCOPY SERVICES REQUEST FORM

DATE: 18/10/18

PAYMENT:

CASH: _____

CREDIT: ☐ COMPANY ☐ INSURANCE

PREAUTHORIZATION: ☐ YES ☐ NO

HOSP ID:

PATIENT DETAILS

SURNAME Amihere

FIRST NAMES Ellen

DATE OF BIRTH

AGE SEX ☐ M ☐ F

PHONE NUMBER

REFERRING DOCTOR

DOCTOR'S NAME

SIGNATURE

TEL NO.:

E-MAIL

DELIVER REPORT? ☐ REGULAR ☐ URGENT ☐ YES ☐ NO

☐ UPPER GIT ☐ LOWER GIT ☐ CYSTOSCOPY

Pain at Lumbar region

Abdominal mass.

Abdominal U/S

INVESTIGATION(S) REQUIRED:

C&J Medicare Hospital & Diagnostic Centre
LASHIBI
P. O. Box CT 437, Cantonments
Accra – Ghana