ALTNAGELVIN AREA HOSPITAL
DIAGNOSTIC IMAGING DEPT.

REQUEST TO THE RADIOLOGIST

O/P Ward ..... Consultant Gilliland / NAKER

STATUS
NHS ☐
Private ☐
Non U.K. ☐
Cat II ☐

To Avoid Shortcoming: This Section Must Be Completed

Name of Patient (In Block) ... FERGUSON RACHAEL

Address ... [redacted]

D.O.B. ... 4.12.92 Hos. No. ... AH3138554

Date of Last X-Ray ... 8/6/01

OBLIGATORY

L.M.P. ☐☐☐

Ignore A Possible Pregnancy
Yes No

Examination Requested

X ray chest

Date 9/6/01 Doctor's Signature ondot

Clinical Data

POST APPENDICECTOMY
RESPIRATORY COLLAPSE
~~?~~
CEREBRAL EVENT ? NATURE

For Departmental Use Only

Appointment For: ☐☐☐

Room: Portable.

Films Used: 35 x 43 / 35 x 35 / 30 x 40 / 24 x 30 / 18 x 24 — 64kV. 1.6mAs. Supine,

Others:

Radiographer: AF/EC.

Checked

LPC 9/87/039

XRR. 17

84 043