



11A Nob Oluwa Street,  
Opposite Babcock University Secondary School,  
Ogba, Ikeja, Lagos. Tel: 07082222322  
Email: cityviewhospitalagos@gmail.com

To:

The Radiology Department,  
Afriglobal Medicare,  
Ikeja, Lagos.  
10/12/2024

Dear Sir/Madam,

### **REQUEST FOR CXR(CHEST X-RAY)**


I am referring **OLUWATOYIN KUKU**, a female patient, who is covered under GNI Insurance, to your facility for a CHEST X-ray. The patient has been diagnosed WITH progressive symptoms that require further radiological assessment for proper management.

This referral is authorized under Authorization Code: **LSD/101224/0338/INV/AAJ**, as provided by the patient's insurance provider.

Kindly conduct the imaging and forward the radiology report to my office at your earliest convenience. The patient will present their GNI insurance details upon arrival.

Thank you for your collaboration in ensuring prompt and quality care. Please do not hesitate to contact me if further clarification is required.

Yours sincerely,

  
Dr Babalola Feyisope  
Medical Officer