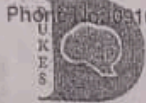


Brain Patient

REFERRAL FORM

Phone No: 08169973814


DUKES
 NEUROSURGERY AND
 SPECIALIST HOSPITAL

☒ Urgent ☐ Routine

Date:

21/4/25

HEALTH CHECK PACKAGES

- ☐ Basic
☐ Standard
☐ Executive
☐ Elite Prestige
☐ Deluxe
☐ Supreme
☐ Supreme Plus

Patient Name:

Mr Patrick Okafar

Age/sex:

68 / m

Referring Doctor & Hospital:

DR OLANIGAN A

Doctor Contact No/Email:

Folanigan@hshmed4.com

Clinical Notes:

Mixed Dementia

Working Diagnosis:

Brain MRI +
Cerebral

DIAGNOSTIC CHECK

- ☐ Pathology
☐ Digital x-Ray
☐ Sonography
☐ Color Doppler
☐ CT Scan

CARDIAC CHECK

- ☐ ECG
☐ Stress Test
☐ Echo
☐ Spirometry
☐ Peak Flow
☐ Cardiovascular Check

SPECIAL REQUEST

- ☐ Mammography
☐ Dialysis
☐ Endoscopy
☐ Histology
☐ EEG
☐ EMG/NCS
☐ Endometrial Biopsy

COLLECTION TUBES

- ☐ Hematology - EDTA
☐ Clotting Profile - 3.2% Sodium
☐ Immunoassay - SST/Plain Vacutainer
☐ Clinical Chemistry - (Glucose) Fluoride Oxalate

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 Opebi Ikeja Lagos.

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