

LAGOS HOSPITALS RA
HYGELA

No 0153891

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 VI: 11A, Idjeje Street, Victoria Island, Lagos, Nigeria. Tel 01 461 7071/01 628 3825
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Date _____
 Ikeja ☐ Adeniyi Jones ☐ VI ☐ LSS ☐

RADIODIAGNOSIS REQUEST FORM

Resident ☐ Outpatient ☐ Arrival Time _____ Start Time _____ End Time _____ Departure Time _____

Hospital No _____ OPD ☐ ER ☐ HAC ☐ WARD ☐ ICU ☐ HDU ☐

Surname Animashau Other Names Ayoola Age Ad Sex: M ☒ F ☐
 (TICK APPROPRIATE)

PVT ☐ M/Care ☐ NHIS ☐ Staff ☐ Client (FFS) ☐ Address _____ Ward/Dept _____

Consultant Oshinade Previous Diagnosis _____

CLINICAL HISTORY	Walking, Chair, Trolley, Theater, Portable
<u>Syncope</u>	17x14
	15x12
	12x10
	10x8
	mammo

Examination Requested EEG
 X RAY/ULTRASOUND/ECHO/DOPPLER CT/MRI

EFUs of patient for IV contrast confirmed/available? YES ☐ NO ☐

Any Precious Radiological Investigation? YES ☐ NO ☐ Any History of IV Contrast Allergy? YES ☐ NO ☐

DOCTOR Oshinade RADIOLOGIST: _____

Doctor's Signature and Date: [Signature] 29/1/25 Signature and Date: _____

Please bring along all precious Radiology films or Report.

Encounter Complete: YES ☐ NO ☐