

 **FINNIH MEDICAL CENTRE**
X-RAY UNIT

42, Oduduwa Crescent,
G.R.A.
Ikeja
Tel: 01-2712764
01-2712767

Please bring previous x-ray

NAME: *Fatai Salami* AGE: *Adult* SEX: *Male* DATE: *22/11/2024*

EXAMINATION REQUESTED: *Upper GI Endoscopy*

CLINICAL HISTORY AND PROVISIONAL DIAGNOSIS:
Dyspepsia ? Cause

DOCTOR: *[Signature]* Signature