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BROAD PLACES RADIOLOGY

Raising the Practice Of Diagnostics

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BOLAJI
08035066134

REFERRAL FORM

DATE: 13/03/2025

PATIENT NAME: Ronner Modupe GENDER M ☐ F ☑

D.O.B: DD MM YYYY PHONE #1 _____ PHONE #2 _____

ADDRESS: _____

INSURANCE: _____ AUTHORIZATION NO: _____

CLINICAL SUMMARY 76yo Female being ~~managed~~ evaluated for bilateral breast cancer - invasive lobular Ca, pd st mastectomy Jan 2025

QUESTION YOU ARE TRYING TO ANSWER Staging workup

EXAMINATION REQUESTED Chest CT, Abdominopelvic USS, 2D Echocardiogram FBC, Electrolytes, LFT, Ca 15-3

REPORT WITH: CD ONLY ☐ CD & FILMS ☐

NAME OF DOCTOR/PROVIDER Dr Joseph SIGNATURE _____ HOSPITAL NAME NSIA-Lekki

PHONE NO: _____ E-MAIL _____

Working Hours: 8.00a.m – 7:30p.m (Mondays – Fridays) / Saturdays And Public Holidays: 9.00am - 6pm

MRI

- ☐ L-Spine
- ☐ Abdomen
- ☐ Brain
- ☐ P.N.S
- ☐ Pituitary
- ☐ Multi Parametric Prostate
- ☐ Whole Body MRI
- ☐ Pelvic
- ☐ C-Spine
- ☐ Urogram
- ☐ Orbits
- ☐ Thoraco-Lumbar
- ☐ Cervico-Thoracic
- ☐ Myelogram
- ☐ Prostate
- ☐ MRA
- ☐ MRCP
- ☐ Fistulogram
- ☐ Joints
- ☐ Whole Body Metastasis Screening

ULTRASOUND

- ☐ Obstetrics
- ☐ OB Bio Profile
- ☐ Abdomen Complete
- ☐ RUQ/Gall Bladder
- ☐ Kidney, Ureter & Bladder
- ☐ Testicles
- ☐ Thyroid/Neck Soft Tissues
- ☐ Hernia _____
- ☐ Musculoskeletal _____
- ☐ Prostate
- ☐ Pelvis
- ☐ Abdominopelvic
- ☐ Transvagina (TVS)
- ☐ Hyetrosonography
- ☐ Renal Artery Doppler
- ☐ Extremity Arterial Doppler Lt ☐ Rt ☐
- ☐ Liver Doppler
- ☐ Carotids
- ☐ Vascular DVT Lt ☐ Rt ☐
- ☐ Other _____

X-RAY

- ☐ Orbits for foreign body
- ☐ Sinus water view ☐ Complete
- ☐ Chest 2views ☐ (PA)
- ☐ Ribs Lt ☐ Rt ☐
- ☐ Shoulder Lt ☐ Rt ☐
- ☐ Humerus Lt ☐ Rt ☐
- ☐ Elbow Lt ☐ Rt ☐
- ☐ Forearm Lt ☐ Rt ☐
- ☐ Wrist ☐ Hand Lt ☐ Rt ☐
- ☐ Finger Lt ☐ Rt ☐
- ☐ Abd ☐ 1view ☐ 2Views
- ☐ Spine 2 Views
- ☐ C-Spine w/Oblique
- ☐ C-spine Obl, Flex & Extension
- ☐ T- Spine
- ☐ L-Spine 2views
- ☐ L-Spine w/Flex & Extension
- ☐ Micturating Cystogram
- ☐ Retrograde Urethrogram
- ☐ IVU

ENDOSCOPY

- ☐ Gastroscopy
- ☐ Therapeutic Endoscopic Procedure
- ☐ Colonoscopy

CT

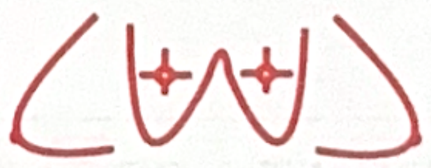
CONTRAST AT DISCRETION OF RADIOLOGIST No ☐

- ☐ Brain
- ☐ Orbit ☐ Temp Bones
- ☐ Sinus ☐ 4-View Screening
- OR ☐ Coronal full
- ☐ Soft-Tissue Neck
- ☐ Chest
- ☐ Abdomen & Pelvis
- ☐ C-Spine ☐ CT-Urography
- ☐ T-Spine Level
- ☐ L-Spine
- ☐ Upper Extr.
- ☐ Lower Extr.
- ☐ CT Colonography
- ☐ CT Hemiagram
- ☐ CT Bronchography
- ☐ CT Angiography (Brain, Chest, Abdomen, Extremity)

BREAST IMAGING

- ☐ Screening Mammography
- ☐ Diagnostic Mammography (Breast ultrasound if indicated)
- ☐ Breast Ultrasound
- ☐ Ductogram Lt ☐ Rt ☐
- ☐ Ultrasound Breast Cyst Asp
- ☐ Needle Loc
- ☐ Consult / Add views if needed

Other breast imaging at radiologist's direction No ☐
(Not for 6 month follow up)



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O'Clock _____

N+ _____

INTERVENTIONAL PROCEDURES

- ☐ CT Guided Biopsy
- ☐ Ultrasound Guided Biopsy
- ☐ Radio frequency tumor ablation
- ☐ Nephrostomy
- ☐ CT Guided Drainage
- ☐ Ultrasound Guided Drainage
- ☐ Nerve Root Injection
- ☐ FNAC

ECHOCARDIOGRAPHY

- ☐ Adult
- ☐ Paediatric

OTHERS

- ☐ ECG
- ☐ CT Review
- ☐ EEG
- ☐ M.R.I Review
- ☐ FIBROSCAN (Liver Elastography)
- ☐ E.C.G with Reporting