



REFERRAL FORM

Urgent Routine

Date: 7/1/25

Patient Name: OKGAFU ELUIS

Age/Sex: 32y5 / male

Referring Doctor & Hospital: MICEL HOSPITAL

Doctor Contact No./Email: _____

Clinical Notes: LVT - ? cause / HBP

Working Diagnosis: ① CXR - PA

② Echocardiography

ILUPEJU BRANCH:

Plot B, Block XII, Alhaji Adejumo Avenue, Off Gbagada Oshodi Expressway, (Beside Total Filling Station), Anthony, Lagos Nigeria.
Tel: 01-2911145, 01-2911147, 07066186358

FESTAC CENTRE:

No 6, Ago Palace Way, By Apple Junction, Amuwo Odofin, Lagos, Nigeria. Tel: 01-2911149, 07051663169, 08180469288

IKORODU BRANCH:

132, Lagos Road, Aruna Bt B/Stop, Iyaniwura House Jumofak, Ikorodu, Lagos. Tel: 08160459550

AJEGUNLE BRANCH:

No. 78 Ojo Road, Ajegunle, Apapa, Lagos. Tel: 08150459605, 08182364703

AGBARA CENTRE:

Mary Abike House, Opposite Desholly Odofoa Bus Stop, Badagry Express Road, Morogbo Agbara, Lagos.
Tel: 08180469292, 08118874278

OKE ODO BRANCH:

Plot 413, Lagos-Abeokuta Expressway, Beside Zenith Bank, Ile Epo B/Stop. Tel: 09012693672

VGC BRANCH:

2nd Floor, The Landmark Building, Kilometer 24, Lekki Epe Expressway,
Beside Ikota Shopping Complex, VGC, Lagos. Tel: 09053959214, 01-2911145.

SATELLITE TOWN BRANCH:

31, Ayinke Timson Drive, Opposite Golden Tree Hotel, Satellite Town.
Tel: 07030505045, 08131369363.

www.clinixhealthcare.com.ng enquiry@clinixhealthcare.com.ng

@clinixlagos clinixhealthcare clinixhealthcare

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HEALTH CHECK PACKAGES

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

DIAGNOSTIC CHECK

- Pathology
- Digital X-Ray
- Sonography
- Color Doppler
- CT Scan
- M.R.I.

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-Citrate
- Immunoassay - SST/Plain
Vacutainer
- Clinical Chemistry-(Glucose)
Fluoride Oxalate
- Other Clinical
Chemistry-SST/Plain
Vacutainer



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CT SCAN

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Brain/Skull/Head | <input type="checkbox"/> Neck | <input type="checkbox"/> maxillofacial | <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> CT Myelogram |
| <input type="checkbox"/> PNS/Larynx | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Orbit | <input type="checkbox"/> Dorsal Spine | <input type="checkbox"/> Peripheral Angiogram (Upper Extremities) |
| <input type="checkbox"/> HRCT Temporal Bone | <input type="checkbox"/> Whole Body | <input type="checkbox"/> 3D CT Extremities | <input type="checkbox"/> Brain Angiogram | <input type="checkbox"/> Peripheral Angiogram (Lower Extremities) |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Extremity | <input type="checkbox"/> Carotid Angiogram | <input type="checkbox"/> Coronary Angiogram (Cardiac CT) |
| <input type="checkbox"/> HRCT | <input type="checkbox"/> Abdomen & Pelvis | <input type="checkbox"/> SELLA | <input type="checkbox"/> Renal Angiogram | |
| | | <input type="checkbox"/> L. S. Spine | <input type="checkbox"/> Pulmonary Angiogram | |

MRI

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Full Abdomen | <input type="checkbox"/> Lumbo - Sacral |
| <input type="checkbox"/> MR Angio/Venogram | <input type="checkbox"/> Whole Spine | <input type="checkbox"/> Knee Joint (RT, LT) | <input type="checkbox"/> Chest. |
| <input type="checkbox"/> Orbit | <input type="checkbox"/> Whole Body | <input type="checkbox"/> Shoulder (RT, LT) | <input type="checkbox"/> Prostrate |
| <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Foot (RT, LT) | <input type="checkbox"/> MRCP |
| <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Abdomen & Pelvis | <input type="checkbox"/> Pituitary | <input type="checkbox"/> Spectroscopy |

SONOGRAPHY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Whole Abdomen | <input type="checkbox"/> Follicular Study | <input type="checkbox"/> Trans - Vaginal USG | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Abdomen/Pelvis | <input type="checkbox"/> Cardiac - Echo | <input type="checkbox"/> Transfontanelle | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Small Part | <input type="checkbox"/> Trans-Rectal USG Prostrate | <input type="checkbox"/> Breast |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Scrotum & Testes | <input type="checkbox"/> Vascular | <input type="checkbox"/> Penile Doppler |
| <input type="checkbox"/> Urinary System | <input type="checkbox"/> KUB | <input type="checkbox"/> Color Doppler | <input type="checkbox"/> Joint Ultrasound |
| | <input type="checkbox"/> Ultrasound Guided Biopsy/FNAC | <input type="checkbox"/> 4D Ultrasound | <input type="checkbox"/> Elastography |

Digital X-Ray of: _____

BIOCHEMISTRY

- | | | | | |
|--|--|---|---------------------------------------|--|
| <input type="checkbox"/> Blood Sugar F/PP/PG | <input type="checkbox"/> LDL Cholesterol | <input type="checkbox"/> GGTP | <input type="checkbox"/> Uric Acid | <input type="checkbox"/> CK - MB |
| <input type="checkbox"/> Blood Sugar Random | <input type="checkbox"/> Bilirubin | <input type="checkbox"/> Protein | <input type="checkbox"/> Calcium | <input type="checkbox"/> Amylase |
| <input type="checkbox"/> Cholesterol Total | <input type="checkbox"/> SGPT | <input type="checkbox"/> Albumin | <input type="checkbox"/> Phosphorus | <input type="checkbox"/> Lipase |
| <input type="checkbox"/> Triglycerides | <input type="checkbox"/> SGOT | <input type="checkbox"/> Creatinine | <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Troponin I/Troponin T |
| <input type="checkbox"/> HDL Cholesterol | <input type="checkbox"/> Alk. Po4 | <input type="checkbox"/> Blood Urea/BUN | <input type="checkbox"/> (Na, K, Cl) | <input type="checkbox"/> D - Dimer |

HAEMATOLOGY

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> CBC | <input type="checkbox"/> G6PD | <input type="checkbox"/> Retic Count | <input type="checkbox"/> Bone Marrow Aspiration Cytology |
| <input type="checkbox"/> ESR | <input type="checkbox"/> Haemoglobin | <input type="checkbox"/> Sickle Cells | <input type="checkbox"/> Widal |
| <input type="checkbox"/> Blood Group | <input type="checkbox"/> Platelet Count | <input type="checkbox"/> Haemoglobin Electrophoresis | |
| <input type="checkbox"/> Malaria Parasite | <input type="checkbox"/> Prothrombin Time | <input type="checkbox"/> Genotype | |
| <input type="checkbox"/> Malaria Antigen | <input type="checkbox"/> Activated Partial Thromboplastin Time | | |

IMMUNOASSAY

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> T ₃ , T ₄ , TSH | <input type="checkbox"/> Progesterone | <input type="checkbox"/> AFP/CEA/PSA | <input type="checkbox"/> Folic Acid (Rbc, Serum, Whole Blood) |
| <input type="checkbox"/> FT ₃ , FT ₄ , TSH | <input type="checkbox"/> Estradiol (E2) | <input type="checkbox"/> Digoxin | <input type="checkbox"/> Ferritin |
| <input type="checkbox"/> FSH, LH, Prolactin | <input type="checkbox"/> DHEAS | <input type="checkbox"/> Cortisol | <input type="checkbox"/> Serum Iron |
| <input type="checkbox"/> Total Testosterone | <input type="checkbox"/> ANA/ DNA | <input type="checkbox"/> Insulin | <input type="checkbox"/> HIV Viral Load |
| <input type="checkbox"/> B-HCG | <input type="checkbox"/> Torch IgG/IgM | <input type="checkbox"/> Vitamin B12 | <input type="checkbox"/> HBV Viral Load |
| <input type="checkbox"/> Ca 125 | <input type="checkbox"/> Ca - 19-9 | <input type="checkbox"/> Vitamin D | |
| <input type="checkbox"/> Ca - 15-3 | | | |

MICROBIOLOGY

- Microbiology M/C/S
- _____
- _____
- _____
- _____

HISTOPATHOLOGY / CYTOLOGY

- HPV
- Histology
- FNAC
- Papsmear
- Cytology
- _____
- _____
- _____
- _____

OTHERS
