



**CO – OP HOSPITAL**  
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# CT SCAN REQUEST

Dr .....  
 Consultant Radiologist

Dear .....

**Please arrange a CT scan for this patient.**

Pt's name:..... Age:.....Y Gender: M / F

Address:..... Tele:.....

**CT exam requested:** .....

Clinical Information:.....  
 .....  
 .....  
 .....  
 .....

Previous Imaging findings:  
 .....

Investigations: S. Creatinine.....eGFR.....Other:.....

Provisional diagnosis:.....

Allergies: YES / NO Asthma: YES / NO Renal function: NORMAL / ABNORMAL

If female: PREGNANT / NOT PREGNANT Diabetes : YES / NO Metformin : YES / NO

.....  
 Name of referring clinician Signature and stamp Date