AMINU KANO TEACHING HOSPITAL, KANO.
ABDULLAHI BAYERO DIAGNOSTIC CENTRE

REQUEST FORM

SURNAME	FIRST NAME	AGE	SEX	WARD/CLINIC	UNIT NO:

Investigation Required:
Please use one form for a request

- ☐ E.C.G
- ☐ Stress E.C.G
- ☐ Echocardiography
- ☐ Endoscopy (Upper GI)
- ☐ Spirometry
- ☐ Colonoscopy
- ☐ Sigmoidoscopy
- ☐ E.E.G
- ☐ Others

Clinical Information

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BP ____________

Is pt. On digoxin? ☐ *Yes* ☐ *No*

Provisional Diagnosis

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Name and Signature of requesting Doctor

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Date