



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

Ultrasound Requisition

Name: _____ Age/Sex: _____
 Ward/OPD: _____ Address: _____ Date: _____

Investigation (Tick)

- Hepatobiliary system
- KUB/Kidney
- Adrenals
- Pancreas

- Spleen

- Retroperitoneal lymph nodes
- Free fluid in abdominal cavity
- RIF
- Pleural effusion

Urgent/Routine tick)

- Urinary bladder & VUJs
- Prostrate
- PVR
- Obstetric: General
 Obstetric
 Fetal
 anomaly
 AFI
- Gynae Uterus
 Ovaries
 POD

- RPOL
- Color Doppler (specify the
area)

- Others including superficial
& small parts

Clinical history/provisional diagnosis:

Name
Signature
BMHC No.
Date & Time