

مركز صحي الأمير سلطان بن عبد العزيز  
الشموية بالدرعية





ID No: 2374408389

PATIENT NAME: فاطمة طارقه العبدون

AGE: 51 Year / Month SEX: M

NATIONALITY: S NS specify

PHCC: H. FILE NO:



X RAY REQUEST & REPORT FORM نموذج طلب وتقرير الأشعة

Type of Request: ROUTINE  EMERGENCY

FOR FEMALE ONLY

LMP: [ ] CONTRACEPTIVE PILLS YES  NO  PREGNANT: YES  NO

PROVISIONAL DIAGNOSIS: osteoarthritis

EXAMINATION REQUESTED: RT knee X-ray

DOCTOR NAME: Dr. Samar Alamihi Family Medicine Specialist SIGNATURE:

FOR USE OF X RAY SECTION Repeat: no  yes

X Ray technician: X Ray No:

Screening Date: Position KV MAS Total No of Films

35 X 43	35 X 40	24 X 30	18 X 24	Dental	GCC
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35 X 40	33 X 43	24 X 30	18 X 24	Dental
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