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COPY LETTERS FOR YOUR INFORMATION
ONLY

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Pathology Department
Princess Grace Hospital
42 Nottingham Place
London W.1

20th July 1990

Dear Sirs,

Re; ^Â£j._R*_Kaiser

I would like Mr. Kaiser to have a full Haematology & Biochemistry profile and a Prostatic Specific Antigen> plus urinalysis and culture.

Yours faithfully,

NOTE: PLEASE SEND BILL TO ME DIRECT.

aANH Healthcare DEPARTMENT OF RADIOLOGY

* THE PRINCESS GRACE HOSPITAL

REQUEST FORM

42-52 Nottingham Place, Tel: 01-486 7401 (direct)

London W1M3FD 01-486 1234 Ext. 4610

Fax:01-4861084

Patient's Name

Address

Referring Doctor

Address ...

Tel. No.:..... D.O.B.

.....

.....

Tel. No.....5".^5?.....

Date

IP PATIENT ROOM

NO:

Xray No:

WALK

CHAIR â-j

TROLLEY â-j

SPECIAL INSTRUCTIONS FOR RESULTS

URGENT DELIVERY â-j

PHONE/FAX â-j Number.....

WITH PATIENT â-j

"30" DAY RULE (females aged 12-50 years) will be obeyed unless written instructions to contrary.

EXAM I NATION (S):

CLINICAL INFORMATION + DETAIJ^C^OTHER/PREVIOUS X-RAY EX
AMS

Allc. Â£-

Doctor's Signature:

PROCEDURE CODES

S|||||!!!!!!!!!!!!!!!!!!!!!! RADIOGRAPHER INITS:
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PGH 201A P