

وزارة الصحة - ولاية الخرطوم
مستشفى الخرطوم التعليمي

الوحدة : التاريخ :
العمر : الاسم :

التوقيع : اسم الطبيب :

Appendix (1): show elements of request form in Khartoum hospital(emergency department)

Number of film	Size of film	Technologist name	Physician name	L.M.P	Previous exam	Clearness of exam	date	Pt history	Pt condition	Clinical indication	Job	Sex	age	Pt name	T e
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	1
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	2
0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	3
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	4
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	5
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	6
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	7
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	8
0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	9
0	0	0	1	0	0	1	1	0	0	0	0	0	1	1	10
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	11
0	0	0	1	0	0	1	0	0	0	0	0	0	1	1	12
0	0	0	1	0	0	1	0	0	0	0	0	0	1	1	13
0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	14
0	0	0	1	0	0	1	1	0	0	0	0	0	1	1	15
0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	16
0	0	0	1	0	0	1	1	0	0	1	0	0	1	1	17
0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	18
0	0	0	1	0	0	1	0	0	0	0	0	0	1	1	19
0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	20

Appendix (2): show filling of data sheet from Khartoum hospital(20 requests)

0	0	0	1	0	0	1	0	0	0	0	0	0	1
0	0	0	1	0	0	1	1	0	0	0	0	0	1
0	0	0	1	0	0	1	1	0	0	0	0	1	1
0	0	0	1	0	0	1	1	0	0	0	0	0	1
0	0	0	1	0	0	1	1	1	0	1	0	0	1
0	0	0	1	0	0	0	0	0	0	1	0	0	1
0	0	0	1	0	0	1	0	0	0	0	0	0	1
0	0	0	1	0	0	1	1	0	0	0	0	0	1
0	0	0	1	0	0	1	0	0	0	0	0	0	1
0	0	0	1	0	0	1	0	0	0	0	0	0	1
0	0	0	1	0	0	1	1	0	0	0	0	0	1
0	0	0	1	0	0	1	0	0	0	0	0	0	1
0	0	0	1	0	0	1	0	0	0	0	0	0	1
0	0	0	1	0	0	1	0	0	0	0	0	0	1
0	0	0	1	0	0	1	1	0	0	0	0	0	1
0	0	0	1	0	0	1	1	0	0	0	0	0	1
0	0	0	1	0	0	1	0	0	0	0	0	0	1
0	0	0	1	0	0	1	1	0	0	1	0	0	1
0	0	0	1	0	0	1	1	0	0	0	0	0	1

Appendix (4): show filling of data sheet from Omdurman hospital(20 requests)

M. Of H. Form No. 119
 MINISTRY OF HEALTH
 X - RAY REQUEST & REPORT

وزارة الصحة
 طلب الفحص بالأشعة وتقريره

Name الاسم	Age العمر	Walking مشي	Ward القسم
PHYSICIAN SURGEON الطبيب		Chair كرسي	TABLE NO. رقم الطاولة
PHYSICIAN SURGEON الطبيب		UPPER EXTREMITY الطرف العلوي	RECORD No. 7 رقم السجل
NOTES ABOUT THE CASE, HISTORY, TRAUMA, IF ANY			
EXAMINATION REQUIRED			
Previous X - Rays No Date Date RADIOGRAPHER			
X - RAY TAKEN No _____ Size _____			

X - RAY REPORT

X - Ray No. _____

Appendix (5): show elements of request form in Bahri hospital (emergency department)

Element of request	Pt name	Pt age	sex	Job	Clinical indication	Pt condition	Pt history	Exam date	Clearness of exam	Previous exam	LM P	Physician name	Technologist name	Size of film	Number of film
1	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0
2	1	1	0	0	0	0	0	1	1	0	0	1	0	0	0
3	1	0	0	0	0	0	1	1	1	0	0	1	0	0	0
4	1	0	0	0	0	0	1	0	1	0	0	1	0	0	0
5	1	0	0	0	0	0	1	1	1	0	0	1	0	0	0
6	1	0	0	0	0	0	1	0	1	0	0	1	0	0	0
7	1	0	0	0	1	0	1	0	1	0	0	1	0	0	0
8	1	1	0	0	1	0	1	1	1	0	0	1	0	0	0
9	1	1	0	0	1	0	1	0	1	0	0	1	0	0	0
10	1	0	0	0	1	0	1	1	1	0	0	1	0	0	0
11	1	0	0	0	1	0	1	1	1	0	0	1	0	0	0
12	1	1	0	0	1	0	0	0	1	0	0	1	0	0	0
13	1	1	0	0	1	0	0	0	1	0	0	1	0	0	0
14	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0
15	1	1	0	0	1	0	0	0	1	0	0	1	0	0	0
16	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0
17	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0
18	1	1	0	0	1	0	1	1	0	0	0	1	0	0	0
19	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0
20	1	1	0	0	0	0	0	1	1	0	0	1	0	0	0

Appendix (6): show filling of data sheet from Bahri hospital(20 requests)