



PIONEER DIAGNOSTIC CENTER PLC

Tel: - +251 11 618 3335/36 | Mob: +251 908 65 65 65 | +251 908 69 69 69 | +251 906 20 23 26 | Email: info@pdc-et.com | Website: www.pdc-et.com | Addis Ababa -Ethiopia.

ULTRASOUND REGISTRATION FORM (PATIENT DATA)

Name:

Age: Sex:

Ultrasound of

PatientHistory.....
.....
.....
.....

Appointment Date & Time.....

Signature of Patient.....

Telephone No

| | |
|--|------------------|
| የታካሚውን መጠየቂያ ፎርም የሞላችው/ው ባለሙያ ስም Name of the Nurse that filled the patient form | |
| _____ | |
| ፊርማ _____ Signature | ቀን _____ Date |

ፓዮኒየርን ስለመረጡ አናመሰግናለን!

Thank you for Choosing Pioneer!



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