

413141
5864

Defence Book 36

PRESCRIPTION

Outdoor of Dangerous Drugs

Name of Patient: LAM OTHMAN

Rank: CIV

Service No. —

Unit —

Station —

RP PHYSIOTHERAPY SERVICES

- ULTRA SOUND THERAPY.
- TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION.
- INFRARED RADIATION
- STRETCHES AND MASSAGE.

Pt would do (2) TWICE SESSIONS OF PHYSICAL THERAPY.

GHG 3.00 PER SESSION

TOTAL = GHG 3,600.00

Signature of Prescribing Offr. [Signature]
Rank —
Prescription —
Initial and date —

In case of a reply the number
And the date of this
Letter should be quoted

My Ref. No.....

Your Ref. No.....



Original

KORLE BU TEACHING HOSP.
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SPECIALIST CLINIC-REFERRAL/FEEDBACK FORM **0059992**

NAME: MR LAM OTUMAN SEX: (M) AGE: 55
MED. REG NO.: _____ NHIS NO.: _____
NAME OF SPECIALTY CLINIC: PHYSIOTHERAPY DATE OF 1ST ATTENDANCE: 7-10-15
DATE OF REFERRAL: 7-10-15

Dear Doctor,

This patient has been stabilized and is being sent back to you for follow up management.

DIAGNOSIS/ REASONS FOR REFERRAL :

Pt has lower limb pain. Prescribed
with low back pain and radiation pain

FINAL DIAGNOSIS:

to the Rt leg. There is some
paralysis of the leg with weakness

TYPE OF OPERATION (Where Applicable):

in low back and ETL on the

RELEVANT LAB RESULTS:

right lower limb

OUTCOME/PLAN: Cured ☐ Improved ☐ Planned follow-up ☐

MANAGEMENT / TREATMENT:

I would be glad if you can help
with physiotherapy

COMMENTS:

Many thanks

Thank you for the cooperation. You may contact us or refer this patient back to the clinic should there be the need to do so.

NAME OF DOCTOR: Maudie Inubhe SIGN: [Signature]

OFFICIAL PHONE NO.: _____ DATE: 7-10-15



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- SPECIALIST CONSULTATION SERVICES
- G.P CONSULTATION - 8AM - 8PM DAILY MONDAY - SATURDAY

NAME: LAM OTHMAN

AGE/SEX: 55YRS/M

EXAMINATION REQUESTED: MRI LUMBAR SPINE

DATE: 02/10/2019

MRI LUMBAR SPINE

T2W – AXIAL, SAGITTAL, CORONAL

T1W – AXIAL, SAGITTAL

- Vertebral bodies are normal in heights.
- Anterior osteophytosis noted at multiple levels.
- Type – 2 modic changes are noted in antro superior and antro inferior end plates at multiple levels.
- Disc heights are mildly reduced at L4-5, L5-S1 levels.
- Rest of disc heights are normal.
- Dessication is noted in intervertebral discs of L4-5, L5-S1 levels.
- Annular tear noted at L4-5, L5-S1 levels.
- Diffuse disc bulge causing thecal sac indendation and no neural foramina narrowing noted at L3-4 level.
- Central disc bulge causing thecal sac indendation and bilateral near total neural foramina narrowing noted at L4-5, L5-S1 levels.
- Mild ligamentum flavum hypertrophy noted at L3-4, L4-5, L5-S1 levels.
- No obvious spinal canal stenosis noted at any levels.
- Facet joint shows normal signal intensity
- Conus and cauda equina are normal.
- Pre and para spinal soft tissue are normal.
- Posterior elements are normal.
- Canal measurements :-

L1-L2	L2-L3	L3-L4	L4-L5	L5-S1
2.00cm	2.10cm	1.97cm	1.78cm	1.81cm



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IMPRESSION:

- *Anterior osteophytosis noted at multiple levels.*
 - *Type – 2 modic changes are noted in antro superior and antro inferior end plates at multiple levels.*
 - *Disc heights are mildly reduced at L4-5, L5-S1 levels.*
 - *Dessication is noted in intervertebral discs of L4-5, L5-S1 levels.*
 - *Annular tear noted at L4-5, L5-S1 levels.*
 - *Diffuse disc bulge causing thecal sac indentation and no neural foramina narrowing noted at L3-4 level.*
 - *Central disc bulge causing thecal sac indentation and bilateral near total neural foramina narrowing noted at L4-5, L5-S1 levels.*
 - *Mild ligamentum flavum hypertrophy noted at L3-4, L4-5, L5-S1 levels.*
- F/S/o Lumbar spondylosis with disc bulges at above mentioned levels.*

DR KURIAN KOSHY
Consultant Radiologist

(PLEASE NOTE: This modality has its own limitations and the impression should be considered only as a professional option and correlated with clinical and other relevant patient data).