

DERMATOLOGY DEPARTMENT

Date : / /

Pt. Name		الاسم:	
Sex.:	الجنس:	File No.	رقم الملف:
Nationality:	الجنسية:	D.O.B.:	العمر/تاريخ الميلاد:

Base - line investigations :

1 - Routine :

Blood count Normal Abnormal (specify)Admission profile Normal Abnormal (specify)Urine Normal Abnormal (specify)Stool Normal Abnormal (specify)X - Ray Normal Abnormal (specify)

2 - Others :

3 - Specific dermatologic tests :

KOH smear and culture : neg. pos. culture :Woods light : neg. pos.Smear for leishmania : neg. pos.Tzank smear : neg. pos.Gram's stain : neg. pos.Immunofluorescence Direct : neg. pos.Indirect : neg. pos.Skin biopsy : not done done

biopsy No. :

diagnosis :

Medical photography : not done done photography No. :

4 - Others :

