

Government of West Bengal
Calcutta National Medical College & Hospital
24, Gora Chand Road, Kolkata - 700 014

Interdepartmental Referral Report

Ref. To :- VP/VS/RMO/EMO/RS of the Dept. of Dialysis....., CNMC & H

Ref. From :- The Department of General Medicine....., CNMC & H

Sir / Madam,

Request the valuable opinion of the under mentioned Patient -

Name of the Patient : Saina Khatun..... Age : 51 yrs Sex : M/F

Date of Admission : 4/1/19..... Ward : RF3..... Unit : Bed No. : 375.....

Brief Presentation / Case history of the patient :- Pt \bar{c} sepsis \bar{c} BDM \bar{c} Hypothyroidism. \bar{c} CKD. Please do dialysis of this patient. & oblige.

Noted by

(Name & Signature of referral
Doctor with Date / Time & Seal)

Souvik Basu

(Name & Signature of referring doctor)

Designation :

Date & Time : 9/1/19 ; 12 pm.....

Patient Details :

Name : Saina Khatun..... Age : 51 yrs Sex : M/F

Date of Admission : 4/1/19..... Ward : RF3/V..... Unit : RF3/V..... Bed No. : 375.....

Souvik Basu

(Name & Signature of referring doctor)

Designation :

Date & Time : 7/1/19 ; 12 pm.....

Note

Send your clinical lab before 11.30a.m. daily.

7/1/19, 9:15 am