

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

Interdepartmental Referral Report

Ref. To :- VP/VS/RMO/EMO/RS of the Dept. of Medicine unit....., 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 : Dalia Biteri..... Age : 45 yrs Sex : M/F

Date of Admission : 09/11/15 Ward : RF3 Unit : III Bed No. 301

Brief Presentation / Case history of the patient :-

Please arrange haemodialysis for this patient

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z thanks.

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

Arkadeb Maito

(Name & Signature of referring doctor)

Designation : M.O. Genl Clinical Tutor
Dept. of Medicine

Date & Time : 10/11/15
N.M.C.H

Patient Details :

Name : Dalia Biteri..... Age 45 yrs Sex : M/F

Date of Admission : 09/11/15 Ward : Unit : RF3/III Bed No. : 301

Arkadeb Maito
(Name & Signature of referring doctor)

Designation : M.O. Genl Clinical Tutor
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Date & Time : 10/11/15
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