

College of Medicine & J.N.M.Hospital, Kalyani, Nadia.
Requisition Form for DIALYSIS
(For O.P.D. & I.P.D. Patients, COMJNMH, Kalyani)

Name of the Patient: Sudhir Sarkar

Age: 80 Sex: M

Address: Taherpur

Telephone No (M): 6295019259

OPD/IPD Registration No: 1900001905

New Case/Old Case:

Clinical Diagnosis: CKD V

Ward: MMW

Referred from: NRS Meit

Investigation Reports: Blood Biochemistry: Sugar: 138

Urea: 198

Creatinine: 7.2

Potassium: 4.97

Serology : HBsAG: Non reactive Anti HCV: Non reactive

ICTC (HIV I & II): Non reactive

Hemoglobin Level: 10.2

Advised by:
(Name in Block Letters) KAUSHIK RAY

Designation
(Not below the rank of RMO):

Whether patient belong to BPL: YES/NO (Documents to be submitted)

Whether entitled to RSBY Scheme:

Whether the patient is referred from any Govt. Hospital: YES/NO

*Medical Officer
College of Medicine & JNM Hospital (WBUHS)
Kalyani, Nadia*

If YES, name of the Hospital:

Number of Dialysis needed (anticipated):

Kaushik Ray

Date: 12/1/19

Signature of Faculty/VP/VS/RMO

***Place the requisition slip directly to the Dialysis centre , COMJNMH, Kalyani for necessary action**

(Only for BPL categories and other beneficiaries(as per Govt. norms) for waiving of charges)

Registration No:

Date:

Forwarded to Dialysis Centre (COMJNMH/Health Point)

Allowed free for _____ nos of Haemodialysis
(EXCEPT DIALYSIS KIT CHARGE)

Seal

Medical Superintendent
College of Medicine & J.N.M.Hospital,
Kalyani, Nadia.