

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

Name of the Patient: **UTTAM PAL**
Address: **B12/299 Kalyani**
OPD Registration No: **PA 25775**
Diagnosis: **CKD**

Age: **48 yrs** Sex: **(M)**
Telephone No (M): **7278451458**
New Case/Old Case:
Ward: **mmw (LT)**
Referred from:

Investigation Reports: Blood Biochemistry: Sugar: **192 mg/dl** Urea: **219 mg/dl**
Creatinine: **10.40** Potassium: **4.5 meq/l**
Serology : HBsAG: **NR** Anti HCV: **Positive**
ICTC (HIV I & II): **NR**
Hemoglobin Level: **8.2 gm/dl**

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

YES, name of the Hospital:

Number of Dialysis needed (anticipated):

22/10/18

Signature of Faculty/VP/VS/RMO
(Signature)
22.10.18

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)
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.