

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 : *Pijush Sarkar*

Address :

Age : Sex :

OPD/IPD Registration No :

Telephone No (M) :

Clinical Diagnosis : *CKD*

New Case / Old Case :

Ward :

Investigation Reports : Blood Biochemistry : Sugar :

Referred from :

Urea : *90*

Creatinine : *4.6*

Potassium : *4.6*

Serology : HBsAG : *Reactive*

Anti HCV : *negative*

ICTC (HIV I & II) : *negative*

Hemoglobin Level : *11.1*

Advised by : *D. C. Saha*
(Name in Block Letters)

Designation *Asst Prof*
(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

If YES, Name of the Hospital :

Number of Dialysis needed (anticipated) :

Date :

D. C. Saha
00/1/19
Medical Officer
Com & J.N.M. Hospital
(COMJNMH)
Kalyani, Nadia

*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