

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: Biswanath Das Age: 40 Sex: M
Address: Bansberia, Mogra, Hooghly Telephone No (M): —
OPD/IPD Registration No: PA1800020706 New Case/Old Case:
Clinical Diagnosis: CKD Ward: Medicine

Referred from:

Investigation Reports: Blood Biochemistry: Sugar: Urea:
Creatinine: Potassium:
Serology : HBsAG: Anti HCV:
ICTC (HIV I & II):
Hemoglobin Level:

Advised by: (Name in Block Letters) Dr. H.S Pathak 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

If YES, name of the Hospital:

Number of Dialysis needed (anticipated):

Date:

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

25/9/18
Medical Officer
College of Medicine &
J.N.M. Hospital Kalyani
Nadia
Medical Superintendent
College of Medicine & J.N.M.Hospital,
Kalyani, Nadia.