

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: PAPIYA BISWAS Age: 32 Sex: Female
Address: _____ Telephone No (M): _____
OPD/IPD Registration No: RO17289158 New Case/Old Case: New
Clinical Diagnosis: CKD Ward: _____
Referred from: _____

Investigation Reports: Blood Biochemistry: Sugar: 102 Urea: 272.0
Creatinine: 9.59 Potassium: 4.32
Serology : HBsAG: Negative Anti HCV: Negative
ICTC (HIV I & II): Negative
Hemoglobin Level: 10.2

Advised by: Dr. S.K. Das Designation: Sur
(Name in Block Letters) (Not below the rank of RMO): VP

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): 2

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

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