

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: Jogadis Biswas

Age: 58 Y Sex: M

Address: Harindanga, Hastala,
Hanskhali, Nadia

Telephone No (M): 960 9379976

OPD/IPD Registration No: PA16045089

New Case/Old Case:

Clinical Diagnosis:

Ward:

Referred from:

Investigation Reports: Blood Biochemistry: Sugar: FBS 132.97mmol/L, PPBS 165.30mmol/L Urea: 117.86 mg/dl

Creatinine: 5.98 mg/dl Potassium: 4.36 m.mol/L

Serology : HBsAG: negative Anti HCV: non reactive

ICTC (HIV I & II): non reactive

Hemoglobin Level: 9.00 gm/L

Advised by:
(Name in Block Letters)

Sibyajyoti
Designation
(Not below the rank of RMO): Asst. maker

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

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:

Sibyajyoti Karmakar
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.