

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 : TAPAN BISWAS

Age : 46 yrs Sex : M

Address :

Telephone No (M) :

O.P.D./IPD Registration No :

New Case / Old Case :

Clinical Diagnosis : CKD stage 5 + T2DM

Ward : M.O.P.D

Referred from : Private Hospital

Investigation Reports : Blood Biochemistry : Sugar :

Urea : 138

Creatinine : 9.20

Potassium : 3.78

Serology : HBsAG : N/R

Anti HCV : N/R

ICTC (HIV I & II) : N/R

Hemoglobin Level : 9.0%.

Advised by : DR. P. GANGULY
(Name in Block Letters)

Designation : ASSOCIATE 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 :

Signature of Faculty / V.P. / V.S. / RMO
Dr. P. Roy
Medical Officer
Com & J.N.M. Hospital (PGT)
Kalyani
12/12/18.

*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)

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