

College of Medicine & J.N.M.Hospital, Kalyani, Nadia.
Requisition Form for DIALYSIS
(For ~~IPD~~ ^{IP} I.P.D. & I.P.D. Patients, COMJNMH, Kalyani)

Name of the Patient: Dipankar Halder Age: 47 Sex: M
Address: PA 213 09, Nabagram Telephone No (M):
OPD/IPD Registration No: PA 21309 New Case/Old Case:
Clinical Diagnosis: CKD. Ward: MMW
Referred from:

Investigation Reports: Blood Biochemistry: Sugar: Urea: 186.62
Creatinine: 13.61 Potassium: 6
Serology : HBsAG: neg Anti HCV: neg
ICTC (HIV I & II): neg
Hemoglobin Level: 7.1 (below limit Blood transfusion)

Advised by: Designation RAM
(Name in Block Letters) (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: 30/9/18

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