

**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: Arjun Mondal

Age: 55y Sex: Male

Address: P.O. 19.0000 4298

Telephone No (M): 9153183238

OPD/IPD Registration No:

New Case/Old Case:  New

Clinical Diagnosis: CCD-V

Ward: MMW

Referred from:

Investigation Reports: Blood Biochemistry: Sugar:

Urea: 258

Creatinine: 11.2

Potassium:

Serology

: HBsAG: NR

Anti HCV: NR

ICTC (HIV I & II): NR

Hemoglobin Level: 7.8

Advised by: Prasan Bhowmik  
(Name in Block Letters)

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

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