

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: **PARIMAL BISWAS**

Age: **56** Sex: **M**

Address: **CHAWGHACHA**

Telephone No (M): **273609**

OPD/IPD Registration No: **39948**

New Case/Old Case: **NEW CASE**

Clinical Diagnosis: **CKD**

Ward: **MMW**

Referred from: **BOI**

Investigation Reports: Blood Biochemistry: Sugar:

Urea: **195**

Creatinine: **8.5**

Potassium: **3.4**

Serology : HBsAG: **NR** Anti HCV: **-**

ICTC (HIV I & II): **NR**

Hemoglobin Level: **10.7 gm/dl**

Advised by: **ABHISHEK ROTH**
(Name in Block Letters)

Designation
(Not below the rank of RMO): **[Signature]**

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.
Medical Officer
College of Medicine & JNM Hospital,
Kalyani, Nadia
[Signature]
27/12/16