

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: BIJAY KUMAR TARRDER Age: 77 Sex: M
Address: _____ Telephone No (M): _____
OPD/IPD Registration No: PA 1800021744 New Case / Old Case:
Clinical Diagnosis: CKD stage V Ward: MMW
Referred from: _____

Investigation Reports: Blood Biochemistry: Sugar: 122 Urea: 307.59
Creatinine: 16.13 Potassium: 4.2
Serology : HBsAG: NR Anti HCV: NR
ICTC (HIV I & II): NR

Hemoglobin Level: 8.48 gm/dl
Advised by: Dr. SOMAK KR DAS Designation: Asst. Prof.
(Name in Block Letters) (Not below the rank of RMO):
College of Medicine & J.N.M. Hospital, Kalyani, Nadia

Whether patient belong to BPL: YES/NO (Documents to be submitted) (Dr. Arisam Biswas)

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): 3 twice weekly

Date: 17/8/18

Signature of Faculty/VP/VS/RMO
[Signature]

***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

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