

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 : Menoti Barai

Age : 42 yr Sex : Female

Address :

Telephone No (M) :

OPD/IPD Registration No : JNM/RG1800289036

New Case / Old Case : New case

Clinical Diagnosis : CKD, CLD, DM (F2), Hypothyroidism, CCF

Ward : NO. 22

Referred from :

Investigation Reports : Blood Biochemistry : Sugar :

Urea :

Creatinine :

Potassium :

Serology : HBsAG : NR.

Anti HCV : NR.

ICTC (HIV I & II) :

Hemoglobin Level :

Advised by :

(Name in Block Letters) KRISHANU BANIK

Designation AP

(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 : 26/12/18

Signature of Faculty / VP / VS / RMO

Krishanu Banik
Medical Officer
Com & J.N.M. Hospital
(W.B.U.H.S.)
Kalyani, Nadia

***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