

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 : DEBOMOY BANNERJEE

Age : 30yr Sex : (M)
Telephone No (M) : 933047772

Address : Suyamagrus Bhadrakumari
P.O. Suyamagrus
OPD/IPD Registration No : RQ-1900013027

New Case / Old Case : ✓
Ward : Medicine (DMD)

Clinical Diagnosis : CKD Stage
Investigation Reports : Blood Biochemistry : Sugar :

Referred from :
Urea : 62.3
Potassium :
Anti HCV : negative

Serology : Creatinine : 3.31
: HBsAG : negative
ICTC (HIV I & II) :

Hemoglobin Level : 8.9 w/dl
Advised by : ANINDYAN GHOSH
(Name in Block Letters)

Designation : DMD
(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 Medical Officer
Faculty / VP.SVS / RMO
COM & J.N.M. Hospital
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)

Date :

Registration No :

Forwarded to Dialysis Centre (COMJNMH / Health Point)

Allowed free for nos of Haemodialysis
(EXCEPT DIALYSIS KIT CHARGE)

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

Seal