

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 : *Bimal Sarkar*

Age : *54* Sex : *M*

Address :

Telephone No (M) :

OPD/IPD Registration No : *R 4 1800255996*

New Case / Old Case :

Clinical Diagnosis :
CKD - v (maintenance HD)

Ward :

Referred from : *NRSMCH*

Investigation Reports : Blood Biochemistry : Sugar :

Urea : *142*

Creatinine : *9.8*

Potassium : *3.7*

Serology : HBsAG : *NR*

Anti HCV : *NR*

ICTC (HIV I & II) : *NR*

Hemoglobin Level : *8.4*

Advised by :
(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) : *Three wny*

Date :

Signature of Faculty / VP / VS / RMO
[Signature]
College of Medicine & 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)

Seal

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