

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: Jiten Borjore

Age: 48 Sex: M

Address: Kalyani JNM Hospital quadrate, no. E/97.

Telephone No (M): 8240120430

OPD/IPD Registration No: RG18916847

New Case/Old Case: old case

Clinical Diagnosis: CKD

Ward:

Referred from: outdoor

Investigation Reports: Blood Biochemistry: Sugar:

Urea: 82.0

Creatinine: 6.72

Potassium: 4.77

Serology

: HBsAG: Non reactive Anti HCV: non reactive

ICTC (HIV I & II): non-reactive

Hemoglobin Level: 11.6 gm %

Advised by:

(Name in Block Letters) DR. SOMAK KR. DAS

Designation

(Not below the rank of RMO): 16/1/18
VP

Whether patient belong to BPL: YES/NO (Documents to be submitted) NO

Whether entitled to RSBY Scheme: NO

Whether the patient is referred from any Govt. Hospital: YES/NO ✓

If YES, name of the Hospital: JNM Hospital (College of Medicine and JNM Hospital)

Number of Dialysis needed (anticipated): 1.

Date: 16/1/18

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.