

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: ASHOKE TARAFDEV Age: 49 Sex: M
Address: Kalyani Telephone No (M):
OPD/IPD Registration No: 6515 New Case/Old Case:
Clinical Diagnosis: CKD Ward:
Referred from:
Investigation Reports: Blood Biochemistry: Sugar: Urea: 110
Creatinine: 8.1 Potassium: 5.5
Serology : HBsAG: Anti HCV:
ICTC (HIV I & II):
Hemoglobin Level: 9.2

Advised by: Dr. H.S. Patra Designation
(Name in Block Letters) (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): 3

Date: 6/8/18

Signature of Faculty/VP/VS/RMO (S.)

06/08/18
Medical Officer
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)
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.