**KJ DISPENSARY**

**P.O.BOX 149, MBEYA**

**PHONE 0776992746; [centidispensary@gmail.com](mailto:centidispensary@gmail.com)**

**TOTAL…………………………………**

**CASH PAID………….……………….**

**DEBIT………………………………….**

**PATIENT RECORD**

**DATE……………………………………………………. REG NO……………………………………………………………………**

**PATIENT NAME…………………………………………………………………… AGE……………… SEX…………………….**

**ADRESS…………………………………. OCCUPATION……………………………. PHONE NO…………………………...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Temperature | Blood Pressure | Pulse Rate | Body Weight | Height |
|  |  |  |  |  |

|  |  |
| --- | --- |
| M/C | O/E |
| Preliminary Dx | Final Dx |
| Lab Investigation |  |
| RX |  |

DATE………………………………………………………… Dr Signature………………………………………………..

|  |  |
| --- | --- |
| **Parasitology**   * mRDT………………………………………………… * Blood Slide Smear……………………………….   ……………………………………………………………………...   * Urine sedimentary   Urine appearance…………………………………………...  Urine microscopic report………………………………..  ……………………………………………………………………...   * Urine Chemistry   Leucocytes……………………. PH………………………….  Protein…………………………. Blood……………………...   * Stool analysis   Stool appearance……………………………………………  Stool microscopic report…………………………………  ……………………………………………………………………… | **Hematology**   * Hemoglobin……………………………….g/dL * ESR……………………………………………………. * Full blood picture………………………………..   Others……………………………………………………… |
| **Serology**   * H.Pylori antigen…………………………………. * H.Pylori antibody.………………………………. * RPP/Syphilis……………………………………... * UPT…………………………………………………… * Salmonella typhi/parathyphiantigen…..   ………………………………………………………….   * STO …………………………. STH………………... * Rheumatoid Factor……………………………..   Others……………………………………………………..  ………………………………………………………………. |
| **Clinical chemistry**   * Blood sugar………………………….…mmol/L * Blood uric acid…………………………………… * Rheumatoid factor……………………………… * Others………………………………………………..   …………………………………………………………. |
| **Blood transfusion**   * Blood group…………… Rhesus……………..   **Others…………………………………………………….** |

**Test performed by ……………………………………………………… Signature ……………………………..……………**