**Regional Maritime University Sickbay**

**Referral Note**

**Doctor's Request**

The undersigned doctor requests that the patient undergo the following scans or tests before the next appointment

**Patient Information:**

* **Name:** ${first\_name}
* **Date of Birth:** ${d\_o\_b}
* **Gender:** ${gender}

**Documents Requested:**

* ${selected\_documents}

**Doctor's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure the patient receives the necessary documents.

Thank you.