## HALMASHAURI YA WILAYA YA CHATO CHATO HOSPITAL

Tel - 0282982517

BOX 50

	re-	i.	TO ELICAD	
REFERAL FORM  To: BUCUDNDD (US  Name of patient, ANUBROSS  Date 2011 20.22	DICAL CEMPRE (	OBSDIATRIC SURL Age 2 days Sex	ica Departur	
Name of patient. Aug ROSS  Name of patient. Aug ROSS  Date	a which	us through	unbhand	
Main complaint Profusion	V		Control of the contro	
		Dernere & Dr	ough dage	9 1
Summary of disease (Hx)  New Corn	Saby Cord	blueve & Br Poplapse 3- Delmeni	af an promis	mely
nespectually and	Laby Male Cond Lue to Cond Me Sofadie? The Misilans	Covered w	De a flui mer	brau !
Clinical findings povestigations	ucian, waru	romens wi	à ganze	a
Pm-	romal mall	gemble		
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Diagnosis/Impression	uphalocoele		results seems of the C	
Treatment given	Amprica 6	A 3/2		
YU	Cuplia	od sh	A Company of the Comp	
Reason for referral Por		Q- beng	nemers 6	Y
Reason for referral Por	dealur su	vzeon		
Doctor's name	Din	Signature Du	ala de la companya de	
Doctor's name				