

DIOCESE OF GEITA
SENGEREMA D.D.HOSPITAL

REFERRAL FORM

TO: Boma

ATTE: Dr. S. S. S. S.

NAME OF PATIENT: Edias Kazungu

ADDRESS: 1 Boma

DATE: 26.01.2022 TIME: 10:30 AM

MAIN COMPLAINTS:

- Difficulty in swallowing food - 4,

SUMMARY OF DISEASE
(HX): Abdominal pain
- Progressive loss of body weight

DIAGNOSIS/IMPRESSION: 2 CA - OESOPHAGUS

TREATMENT GIVEN: DR - PHARMACEUTICALS

REASONS FOR

REFERRAL: for further management

DOCTOR'S NAME: Dr. S. S. S. S.

SIGNATURE

