


Buehema 249705

<p>UNITED REPUBLIC OF TANZANIA</p> <p>MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN</p>  <p>KITETE REGIONAL REFERRAL HOSPITAL P.O BOX 22 - TABORA</p>	<p>REFERRAL FORM</p> <p>Medical Reg. Number 01-61774</p> <p>Surname (In Capital) KADUQU</p> <p>First name KAPAMA Middle name ELWA</p> <p>Tribe MUKHA</p> <p>Physical address KALINA</p> <p>Phone Contact ..... Date of Birth 26 Sex M</p> <p>Religion ..... Ward / Unit 04</p> <p>Next of Kin ..... Relationship .....</p> <p>Phone Contact .....</p>
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Date of admission .....							
Referral to Bue Date of Referral 05/02/2022 Time 18:10h							
Presenting (chief) complaints (important elements) Painful swelling on the left side of the jaw							
Patient's History (important elements) Patient was well until 2 days ago when he was beaten by his mother							
Physical Examination (important elements) Swelling on the lower jaw Discontinuity of the bone in parasympheal area, step deformity below left molar							
Provisional / Final Diagnosis Fracture of the mandible (Bilateral) (Parasympheal + angle of mandible)							
Laboratory Investigations / Radiology Results							
Treatment given prior transfer Antibiotic + Analgesic							
Reason (s) for referral For further investigation + provide Management							
Vital Signs Prior Transfer							
BP	PR	RR	SPO2	TEMP	RBG	GCS / AVPU (Alert, Verbal response, Pain response, Unresponsive)	Time

Referring Doctor *A. S. S. S.* Signature *[Signature]* Time 18:10h

Attending Nurse / Dr ..... Signature ..... Time .....

Receiving Nurse / Dr ..... Signature ..... Time .....

NOTE: One copy of referral form should be returned to the referring health facility.