

REFERRAL FORM

Referral to BM C

Name of the patient SITHUMB I KUNTH Age 87

Marital status Tribe
 Region KAHAMA - SITHAYANGA Address IYENGE

Occupation Date of arrival 13/01/2021

Time 11:55 AM

History of present illness Incomplete emptying of urinary bladder,
 Urine incontinence, progressive wasting of body.

Past medical history N/A

Physical examination Stable, Cachectic

Investigation/lab. Result Urologist/US : Enlarged Prostate - 40g, PSA - 69.80ng/ml

Diagnosis BPH w/o Prostate Carcinoma

Treatment given before referral N/A

Reason for referral Urologist Review + Oncologist Review + Further management

Name of referring Doctor/Prescribe FES TO Signature FES TO

Qualification M.D Date: 14/01/2021 Time: 12:10 PM

FEEDBACK

Contact: 0735-95-29-15