Africa Inland Chu h Tanzania

Health Depar vent KOLANDOTO COUNCIL DESIG

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REFERAL FORM.

TO GOV. HOSPITAL SHY/BMC/KCMC/MUHIMBILL NATION/ JOSPITAL/OCEAN ROAD
DATE 26 01 2022
PATIENT'S NAME LYDIA FINNEL AGE 5/8 EX REG NO. 00-03-54
HISTORY OF THE PATIENT TO the of Recurrent BT.
This January their received & Units
POSITIVE FINDINGS: - Distant ald.
Est hymphicator
INVESTIGATIONS DONE:-
FBP- Monthacator
REASON FOR REFERAL/DIAGNOSIS:-
Annema:
REFERED BY: FOR MEDICAL OFFICER INCH E BOX 1 KOLANI SHINYANGA - TANZANIA
All correspondences should be addressed to the: Mei

Dispensaries: Kabiga, Lubeho, Bukoli

itu na Mihama