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Bure letters # 249697

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BARIADI TOWN COUNCIL



REFERRAL FORM

File No/Reg No: 00-19-91

Referral number:

Name of referring health facility: BARIADI TC HOSPITAL
 Name of referral health facility: BUGANDO MEDICAL CENTRE
 Name of the patient: BUTONGWA BIEGESO age: 34YB sex: MALE
 Address: SIMA BARIADI marital status: MARRIED
 Date and time of admission: 3/2/2022

history - He was involved in a motorcycle accident 2 days past. He got injuries on the right lower limb and left upper limb and on mandibular part.

Physical Examination: II - taking afebrile, not pale, BP 120/80 mmHg P/R 80/min
 LE - swollen (D) leg and (D) upper limb, lot of tenderness of (D) lower limb, unable to close mouth & unable to eat normally

Per vaginal examination:

Investigation done: X-rays of (D) lower limb revealed fracture of HFA and tibia
 Provisional Diagnosis: DISLOCATION MANDIBULAR JOINT / FRACTURE TIBIA & FIBULA
 Treatment given: Diclofenac 75mg PO q 6h PRN
 Reason for referral: For further investigation and management
 Name of escorting health provider: Kny. MGANGA MUKU
 Ambulance registration number: AMO
 Name of Doctor/Nurse: Dr. D. Sigwa qualification: AMO
 Signature & Stamp: [Signature] Date: 5/2/22 Time: 4:15 PM BARIADI

Feedback note:

Facility name:

Client name: Date & Time received:

Problem identified:

Management given:

Prognosis:

Comments:

Name of doctor/Nurse: signature: title: