

BMC # 250057

# MAGU DISTRICT COUNCIL

EMERGENCY MOBILE PHONE:  
0752737737



HEALTH DEPARTMENT  
P.O.Box 30,  
MAGU,

Date: 08/2/2022

## REFERRAL NOTE

I refer: EUNICE MISELYA MDEBILE M/F AGE: 70yo

File No. 00-11-29/22

Address: NSOLA Village: MAIN Hamlet leader:

From: MAIN DH (Health Facility) to:

### Clinical History:

Come with complaint of Breast pain (which is prick pain by nature).  
PMHx. She was given antibiotics for several days with no any improvement.

Findings: Breast Ultrasound reveal - normal scan

Provision Diagnosis: ? Breast CA.

Treatment given: Given antibiotics

Reason for referral: For CT scan and further investigation.

Documents accompanying referral:

Authorised by: JAMES CHAM Title: CO Signature: [Signature]

DATE: 08/02/2022 TIME: FOR DISTRICT MEDICAL OFFICE

Escorted by: Name: Consolator Anthony Title: Chief Signature: Anthony

Ambulance Number:- Drivers Name:

Received at destination facility by: TIME:

Condition of the patient: