

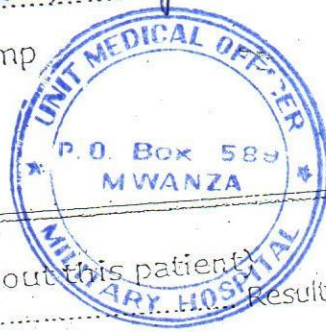


TANZANIA PEOPLE'S DEFENCE FORCE
MILITARY HOSPITAL MWANZA
BOX 589, MWANZA TEL: (255) 0738-313203
REFERRAL FORM

BMC 250281
MHM/3701-1

REFERRAL TO BMC
Hospital Reg. Number 08-02-81 Army No: _____
Name of the Patient MSHA JUMA Rank _____
Age 64 Sex F Address N YAKATO ID No: _____
History and Clinical findings H/o lower back pains on/off / long
back started into TB due to poor hygiene
of
at work
1st time - redness on (L) side
Provisional Diagnosis Ovarian cyst, endometriosis
Treatment given Proctol & lymphatic of neck
& augment

Reasons for referral For further chemotherapy & augment at
Name of the Doctor BST Official Stamp
Signature of the Doctor Juma



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REFERRAL FEEDBACK. (Kindly give us your feedback about this patient's Results
Diagnosis _____
of investigation done _____

Management _____
Done _____

Name of the attending Doctor _____ Signature _____
Date _____