

GEITA REGION REFERRAL FORM

FROM BUKOMBEDCH TO BUGANDO REF HOSP

NAME/PT ENOK M. BUGUMBA AGE 82 YR SEX

REG NO. 00-51-06/2021 ADDRESS/PHONE

NEXT OF KIN CONTACT ADDRESS Uthuroombo

Hx OF PRESENTATION Abd Discomfort on and off 1/2

Pt was apparently well till 1 week ago then
started abd. abd Discomfort esp
after meals

CLINICAL FINDINGS Glc ill looking, pale & jaundiced
Abd USS - liver lymphoma + polycystic LT
kidney disease

PROV DX & DIFF 1. liver lymphoma ??
2. polycystic kidney disease

Rx and FURTHER ADVICE:

ACCOMPANIED DOCUMENTS: Referral letter

REASON/GAPS FOR REFERRAL: For proper investigation and proper
managements

REFERRING CLINICIAN Henryson TITLE Dr SIGN

REFERRAL DATE 19/1/2022 TIME 8:40 AM

ESCORTED BY TITLE SIGN

DEPARTMENT DATE TIME

DRIVER NAME SIGN

RECEIVED AT NEXT FACILITY BY TITLE SIGN

DATE

