The United Republic of Tanzania

248911

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT

GENDER, ELDERY AND CHILDREN

Telegrams "AFYA" Tel. No: 028 -2763283 Fax No: 028 - 2763283



Regional Hospital, P. O. Box 17, SHINYANGA.

E Mail: rmoshinyanga@yahoo.com In reply please quote:-

Ref. No. EC. 133/290/4C/ 75

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REFERRAL FORM

MALUKU
Patients name MARIAM LUBACHA Referred to Bric
Age 1945 Reg. No. 31-48-51
Sex
Residence
Main complaints Wasle to use lower links a'z ago multiple wound & 'y ago
multiple wound & 4 ago
Backade sure y ago
History of present illness: The patient envolved in
She sustained inability to use both
there is deformity is left lower limb distaly
associated with bleeding the land
Crepitations, right limbs is weak I tost sensations
Seusanons
She also developed miltiple would in the
Cut wormed only , must left thing we are
She also complaining of parinful badeado
She also complaining of painfull badeado
She tost conscionsness for about 30 miss.
and was the state of the state