KWEMA HEALTH CENTRE P. O BOX 613 KAHAMA TEL: 028-2710569

REFERRAL FORM

RM (
Referral to DIVIV
Name of the patient JHWB MUNTU Age 87.
Marital status
Region KAHAMUA - SIHWANGA Address 14ENZE
Occupation Date of arrival 13/0//2021
Time // SS
History of present illness humplest lurghyly of Mury blaffer, hume number, suggestion washing of boly.
Unite makerin, Pregores eve shattering los bobs.
BP - 109/12 M
Past medical history // / / / / / / / / / / / / / / / / /
Past medical history // // // // // // // // // // // // //
Physical examination [] able [(acceptible)]
Physical examination Jable Lawrice
Investigation/lab. Result. Molegie/U13 Julage Prosphe -409, PIA - 69.8009/m
Diagnosis BPH MD Prosput Carcinomai.
Treatment given before referral NU
Reason for referral (hologist Kenn + Onedogist Ann + July miles
Name of referring Destar/Prescribe IF(10) Signature Allo
Name of referring Doctor/Prescribe
Reason for referral livelogist flow f livelogist flow f flow tryle with Name of referring Doctor/Prescribe ft. 70 Signature flow Pun Qualification M.D. Date: 14/0//224 Time: 12/16
FEEDBACK
D 10+ 0+ 0A (2)6
Contact: 0735-95-29-13'