THE UNITED REPUBLIC OF TANZANIA

HEALTH DEPARTMENT

THE UNITED REPUBLIC OF TANZANIA, MEATU COUNCIL HOSPITAL P.O.B BOX 25, MEATU BY 248673

MEATU	,				
SIMIYU		***			
**** =					
Ref. No	(1807) (1811) (1811) (1811) (1811) (1811) (1811) (1811) (1811) (1811) (1811) (1811) (1811) (1811) (1811) (1811)	(#1947) #12 #1 #1 #1 #1 #1 #1 #1	\$\ \bar{\alpha}\	Date 29.0	2022
Referred	to BUGANDO	MEDICAL CENT	IRE		
Name of	the patient GUAB	ATA PEREMIAH	Sev A	1 Age 37	121
Marital st	atus: MAR	(UE) Tribe	WRWA Religio	n de CHRIS	MAN
Address:	MISAU	- MWAN HUZ]			
Occupation	on: LOAN	OFFICER	Date of a	arriva 25 01 25	21 Time 17042
\$(m/m/m/m/m/m/m/m/m/m	<u> </u>	(#/#/#/#/#/#/#/#/#/#/#/#/#/#/#/#/#/#/#/	W 15 15 15 15 15 15 15 1	M M M M M M M M M M	MINISTER DE LA CONTRACTION DEL CONTRACTION DE LA
2 /1				187	
History o	f present illness:	Whened may	w. b. he.	right lew	er limb
alter	involved	to the Mrx	<u> </u>	J	
		• • • • • • • • • • • • • • • • • • • •			

Past Med	cal History:	X0			
20					
Physical 1	Examination: X	A Xtelate	0 120 0	2414 BP -	Toopommile.
Como	de H UT he no	nt Wheling h	ic Camela	7	7
Investigat	ions/Lab Results:		(mingisarum)	0	CEL
	1)) the night I	The Ordal	2/3 UF Sibrala	bat Hotel (cond
Treatmen	t given before referra	I she hight 1 But slep	· celho	Kun Icares	ALON ALDI
	2	- Control of the Cont	,	CEPTON TO	30.31
Reason fo	or referral:	Expert me	an a mint	CAMPA	
Name of	eferring Doctor/Pres	scriber:	Y Xnnche	EN TO	
Oualificat	ion:	scriber: 0 Signature	Ø	Date: 29	01/2022
	(, 2,				1.22.A.T.
Cut here_					
(>>>>>>>>	***************************************	^^^^	^^^^		
so referre	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Feedback to refe	erring Unit:		
Name of 1	oatient	••••••			
Refer:					
Was refer	red diagnosis correct				
Confirme	nent given before re	ferral appropriate:	. 12.1		
Follow up	needed	l point:	• • • • • • • • • • • • • • • • • • • •		
,	omments for improve	ement in future refer	rale		

Name: Signature