

BMC 249725

Mobile Contacts

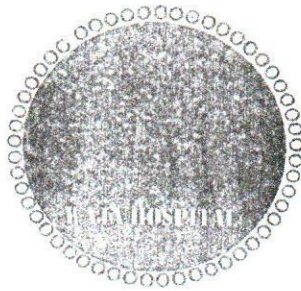
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WAJA SPECIALISED HOSPITAL

REFERRAL FORM

PATIENT REFERRAL TO... BUGANDO MEDICAL CENTER

NAME OF PATIENT... ROSE STEPHANO SABI

WAJA HOSPITAL REG NO... 00-05-02

NAME OF ESCORTING NURSE (IF ANY).....

HISTORY & PHYSICAL FINDINGS.....

patient 4x of diplopia and left eye dropping
accompanied with headache

LABORATORY & OTHER FINDINGS.....

PROVISIONAL/DIAGNOSIS.....

Oculomotor Nerve palsy

TREATMENT AS WAJA
HOSPITAL.....

REASON FOR REFERRAL... For Further investigation

(MRI)

Name of Doctor... Shimba

Signature of Referring Doctor... [Signature]

