

BMC 249716

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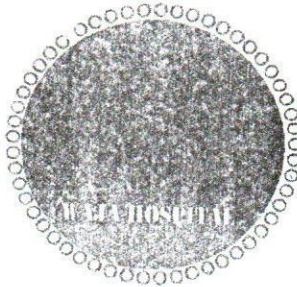
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**WAJA SPECIALISED HOSPITAL**

**REFERRAL FORM**

PATIENT REFERRAL TO..... BMC.

NAME OF PATIENT..... James SASSA SASSA.

WAJA HOSPITAL REG NO..... 00-05-03-13.

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

HISTORY & PHYSICAL FINDINGS..... If hip joint pain for 3 weeks. Sustained long after involvement in JMC. Severe pain, inability to use limb, no obvious bleeding.

LABORATORY & OTHER FINDINGS..... Pelvic x Ray Revealed # neck of Lf femur.

PROVISIONAL/DIAGNOSIS..... # Lf neck of femur.

TREATMENT AS WAJA HOSPITAL..... In Distal femur shaft.

REASON FOR REFERRAL..... For or hip arthro approach of Lf #

Name of Doctor..... Ntemi (MD)

Signature of Referring Doctor.....

