Buc/enus # 250442.

NYAMAGANA DISTRICT HOSPITAL REFFERRAL FORM



	FROM MANAGAMA & MADRESS BOX 132 MOTHONE
	TO Brace PRE-NOTIFACATION DONE (YES/NO) YES
	NAME OF PATIENT CAREEN TASTINGAGE SHEEK P. REG NO 39-856
	VILLAGE/STREET MKCharel HAMLET LEADER
	HISTORY OF PRESENTATION the some named proportion of sever with a some of the regular of sever with a some of the regular of the severe of the regular of the severe of th
	CLINICAL FINDINGS of week felale 1 23850 more a faundie
	BP 00 \$ 19 Dom SPO2 on RA \$ 79 -90%.
- 4	INVESTIGATIONS DONE
Jer 3	PROV DX & DIFF to e for the proper them 19 8hl
o co	TREATMENT AND FURTHER ADVICE. W. RIL Soomly Ship Song St.
21	SACCOMP DOCUMENTS. A ALL - Carel
S	REASON/GAPS FOR REFFERRAL TO Justin may including eleling referred by lov all Kramattle Man SIGNATURE SIGNATURE
\$ 50 E	PATE 10 02 2022 TIME 20:12 PM
1	ESCORTED BY TITLESIGN
3	DRIVER NAME
	RECEIVED AT DESTINATION FACILITY BY TITLE
	SIGNDATETIME
	CONDITION ON ARRIVAL
	IMMEDIATE FEED BACK
	ADVICESTAMP

NYAMAGANA DISTRICT HOSPITAL
P. O. Box 195 MVANZA.