## NYAMAGANA DISTRICT HOSPITAL

REFFERRAL FORM

REFFERRAL FORM
Brie FILE NO.
(248746)
FROM Myangara ADRESS Box 132-M29 PHONE
TO BUL Emergener-NOTIFACATION DONE (YES/NO)
NAME OF PATIENT Schowe Knige Thomas REGNO
VILLAGE/STREET KANGERER HAMLET LEADER
HISTORY OF PRESENTATION WITH SCS Walmonhage
Que to Cerrical tear, 20 gleep and
CLINICAL FINDINGS. C. TON NEW 319 Clear.
Japer white BD- 92 mouth D-1839
INVESTIGATIONS DONE HE evel - 127 cent 1 187
PROV DX & DJFF. Halmon hafie Shock my Pendry 21
TREATMENT AND FURTHER ADVICE
ACCOMPROCLIMENTED & STEW Milhords
REASON/GAPS FOR REFFERRAL FOR CENVICAL JEEN ROGED
REFFERRED BY THEW TITLE SIGNATURE SIGNATURE
DATE 31/01/2022: TIME 5 454M.
ESCORTED BY TITLESIGN
DRIVER NAME SIGN
RECEIVED AT DESTINATION FACILITY BY TITLE
SIGN
CONDITION ON ARRIVAL
MMEDIATE FEED BACK
ADVICESTAMP
A Z NAWW SEL X DE . C. C.
ATTIGORY TOTAL