Buclesturs + 249692

The United Republic of Tanzania

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT

GENDER, ELDERY AND CHILDREN

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In reply please quote:-

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Regional Hospital, P. O. Box 17, SHINYANGA.

REFERRAL FORM

Patients name To TI ISAKA PHARES Referred to BMC Age 37/R Reg. No. 31-55-72 Sex M. Residence KAHAMA Main complaints 2.0 C x 17 Main complaints Convuls in x 1/2 History of present illness: with hx of 1.0 C tel telay mer framusium follows MTA when new for turn home for more are follows MTA when new for turn home for more are follows MTA when new for turn and frame for more are follows in the convulsium. It was a from the bleedup per ear (left air) no bleedup per no le, no hx of vomitting.	TOTI ICAKA PHARES Referred to BMC
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