

ANaest 12/4/21 @ 2pm

HOSPITAL PORT DICKSON PATIENT ASSESSMENT CENTRE (PAC) 24/03/2021 08:19

IC REFERRAL FORM

NURSHUHADA BINTI BAKHTIAR AZAM

MRN: HPD37187 Gender: FEMALE
ID: 930214016544 (NEV/IC) Age: 28 YRS
TEL: 01140037182 Race: MELAYU
ADD: NO 189, JLN SH 12, TMN SUNGGALA
71000 PORT DICKSON, NEGERI SEMBILAN

Referring Doctor
Department
Date



Purpose of referral: Pre operation assessment Post anaesthetic complication
 Pain relief clinic

History: Eipo @ 16w 4d EDD: 28/9/21
NKMI / NKDA No A/P/fev

Result of Investigation & Treatment: ABC taken

Diagnosis: Missed miscarriage

Type of Operation planned: Suction curettage Date of operation planned: 15/4/21
Date for subsequent surgical following:

Signature: Dr. Gurunethra P. Ledshuman
Jabatan Obstetri & Ginekologi Hospital Port Dickson

MAIN OT MOT DAYCARE MADAH

To: Referring Unit:

Name of patient: RIN: Age: Sex:

Dear Dr:

Thanks for referring:

Thank you.

Yours sincerely