

Patient Sticker



CROSS CONSULTATION FORM

Doctor Name : Dr. Chandana Date : 22/6/26 Time :

Diagnosis :

Hospital : RCH HMNR

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

i/o Bk ear discharge
? ASOM

[Signature]
 Signature:

Findings and Recommendations :

c/s/by Dr. Chandana

- h/o fever x 5 days
- h/o ear discharge x 3 days.
- feeding well.
- Activity good

o/c Afebrile, vital - stable.
 Bk Tragal tenderness (+).
 Ear discharge (+) L > R.

- WBC - 23K.
 N/L/M - 48/44/6.5
 CRP 55

Jarisch - (+) B/C intact

- Ear swabs - Report awaited.
Adv
 - CST
 - qv in OPD - after pus report
 - Danger signs explain qv immediately.

Consultant :

Name : Dr. Chandana Signature : [Signature] Date & Time : 22/6/26