



DESERET INTERNATIONAL HOSPITAL GROUP

REFERRAL FORM

DATE: 24/1/25
PATIENT'S NAME: Dawodu Bolaji Ibrahim PATIENT'S HMO: HP

POLICY NUMBER: _____

DATE OF CONSULTATION: _____ REFERRAL CODE: 688743
Pre-authorization code

RELEVANT HISTORY: _____

RELEVANT EXAMINATION FINDINGS: _____

PROVISIONAL DIAGNOSIS: Right gluteal swelling? cause of
abscess

INVESTIGATION RESULTS: _____

TREATMENT ADMINISTERED: _____

REASON FOR REFERRAL: Right gluteal USS

RECOMMENDED PROVIDER (Including Address): Afniglobal Medical
Limited 8, Mobolaji Bank Anthony way, Ikeja

REFERRING PHYSICIAN/MEDICAL PERSONNEL: Dr David

24/1/25