Grover Medical's LifeStyle Clinic

...for Prevention & Clinical Care of Lifestyle Diseases

REFERRAL FORM

Bill to [illegible] → Acc [illegible]

Patient Information	
First Name:	Cyromo
Surname:	Udoeche Onyekachi
Phone No:	
Email ID:	
Age:	Adult
Sex:	Male
Date & Time of Referral / Sample Collection:	

Referrer's Information	
Name:	Grover's Hospital
Phone No:	09022012101
Email ID:	info@groverlifestyleclinic
Referring Organization:	
Referrer's Signature:	Grover's Hospital

CLINICAL INDICATIONS & WORKING DIAGNOSIS Ass – Gerd with persistent symptoms ? PUD, Peptic ulcer, site unspecified

→ Upper GI Endoscopy

CONSULTATION

☐ ENDOCRINOLOGIST ☐ CARDIOLOGIST ☐ DERMATOLOGIST ☐ UROLOGIST ☐ NEUROLOGIST ☐ OBS & GYNAE
☐ ENT ☐ NEPHROLOGIST ☐ ORTHOPEDICS ☐ GASTROENTEROLOGIST ☐ PSYCHIATRIST ☐ GENERAL SURGEON
☐ FAMILY MEDICINE ☐ ONCOLOGIST ☐ PEDIATRICS ☐ NUTRITIONIST ☐ STRESS MASTERY ☐ PHYSIOTHERAPY

PATHOLOGY

☐ BIOCHEMISTRY ☐ HAEMATOLOGY ☐ IMMUNOLOGY ☐ MICROBIOLOGY ☐ HISTOPATHOLOGY
☐ PROFILES ☐ SEROLOGY ☐ CYTOLOGY ☐ TUMOR MARKERS

RADIOLOGY

☐ ULTRASOUND ☐ X-RAY ☐ CT SCAN ☐ MRI ☐ MAMMOGRAPHY

CARDIOLOGY

☐ RESTING ECG ☐ 2D-ECHOCARDIOGRAM ☐ STRESS ECG

CLINIC OPENING DAYS & TIME: MON - FRI (8AM - 6PM) & SAT (9AM - 4PM)

...08051 | info@groverlifestyleclinic.com