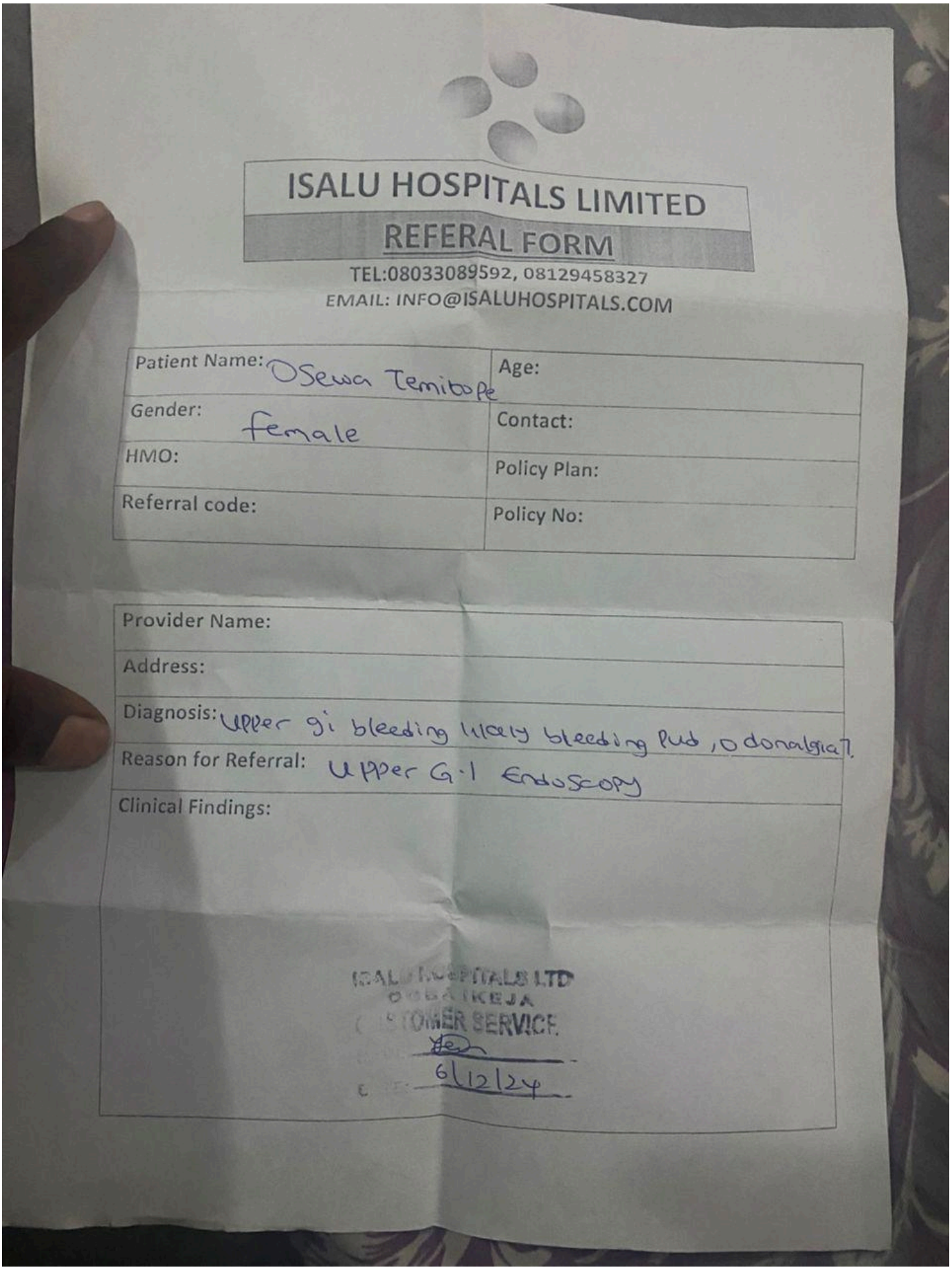

ISALU HOSPITALS LIMITED

REFERAL FORM

TEL:08033089592, 08129458327
EMAIL: INFO@ISALUHOSPITALS.COM

Patient Name: Osewa Temitope	Age:
Gender: female	Contact:
HMO:	Policy Plan:
Referral code:	Policy No:

Provider Name:
Address:
Diagnosis: Upper gi bleeding ulcer bleeding Pud, Odonalgia?
Reason for Referral: Upper G.I Endoscopy
Clinical Findings:

ISALU HOSPITALS LTD
OGBA IKEJA
CUSTOMER SERVICE
6/12/24