ICONIC CARE HOSPITAL

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PATIENT REFERRAL FORM

Date: 10/04/26

Referral to: Chest Clinic, LASUTH — Sputum GeneXpert

Department:

Location: LASUTH, Ikeja

Full Name	Olunloye Oluwabukunmi	Phone	09053544445
Date of Birth/Age	30/F	Gender	F
Relevant medical history (including co-morbidities)	Cough x 1/12; Anterior Cervical lymphadenopathy x 3/52 Weight loss x 3/52 CXR; revealed Right patchy opacities with hilar vessels. ESR - 44 mm/hr		
Accompanied by care provider ☐ Yes ☐ No			

Patient Diagnoses: 1. Rt lobar pneumonia R/O PTB

2.

3.

Other Diagnoses:

Treatments Initiated:

- Tabs Azithromycin 500mg stat x 3/7 ☐ Ongoing
- ☐ Ongoing
- ☐ Ongoing
- ☐ Ongoing
- ☐ Ongoing

Kindly contact the undersigned for further clarification.

Thank you for your cooperation.