Referral and Back Referral Card	Referral and Back Referral Card
Date: ALC No	Date: ALC No
Name: Sex	Name: Age: Sex
Consultant	Consultant
Dear Sir / Madam	Dear Sir / Madam
Please be kind enough to see this patient and do the	Please be kind enough to see this patient and do the
needful. Short history	needful. Short history
Thank you	Thank you
(Medical Officer of Health)	(Medical Officer of Health)
Please fill up this part and hand over to the patient	Please fill up this part and hand over to the patient
Date ALC No	Date ALC No
Name Age MOH area	Name
Diagnosis Excluded	Diagnosis Excluded
Confirmed: Leprosy PB Leprosy MB	Confirmed: Leprosy PB Leprosy MB
TB Other:	TB Other:
(Consultant)	(Consultant)
ALC/RC/2015	ALC/RC/2015
Referral and Back Referral Card	Referral and Back Referral Card
Date: ALC No	Date: ALC No
Name: Age: Sex	Name: Age: Sex
Consultant	Consultant
Dear Sir / Madam	Dear Sir / Madam
Please be kind enough to see this patient and do the	Please be kind enough to see this patient and do the
needful. Short history	needful. Short history
Thank you	
	Thank you
(Medical Officer of Health)	(Medical Officer of Health)
(Medical Officer of Health)  Please fill up this part and hand over to the patient	
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Please fill up this part and hand over to the patient	(Medical Officer of Health)  Please fill up this part and hand over to the patient
Please fill up this part and hand over to the patient  Date	(Medical Officer of Health)  Please fill up this part and hand over to the patient  Date
Please fill up this part and hand over to the patient  Date	(Medical Officer of Health)  Please fill up this part and hand over to the patient  Date
Please fill up this part and hand over to the patient  Date	(Medical Officer of Health
Please fill up this part and hand over to the patient  Date	(Medical Officer of Health