

Referral and Back Referral Card

Date:..... ALC No.....

Name:..... Age:..... Sex.....

Consultant

Dear Sir / Madam

Please be kind enough to see this patient and do the
needful. Short history

Thank you

(Medical Officer of Health)

Please fill up this part and hand over to the patient

Date..... ALC No.....

Name..... Age

MOH area

Diagnosis Excluded

Confirmed: Leprosy PB Leprosy MB

TB Other:

(Consultant)

ALC/RC/2015

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