

## TMS Referral Slip

(Randomly generated and tracked by MIS)

Slip No:

Age:

Patient name:

Gender:

TMS Member Code:

Patient Residing at:

Treatment Given at TVHA Hospital/Clinic:

Date of Treatment:

Investigation:

Vital Signs:

BP:

Pulse:

Temperature:

Blood Group:

### **Referred to:**

Reason for Referral:

Any other remarks:

Date of Referral:

Signature & stamp of Physician: