རྒྱལ་ཡོངས་རྒྱང་སྨན་ཀློག
རྒྱལ་ཡོངས་རྒྱང་སྨན་འཕལ་ཆོག་ཀློག་ གནོ་བ་ཤུན་ཁང
NATIONAL TRADITIONAL MEDICINE HOSPITAL
NATIONAL CENTRE FOR TRADITIONAL MEDICINE SERVICES
MINISTRY OF HEALTH, THIMPHU: BHUTAN

Cross Referral Form (Between MM &TM as a collaborative Initiative)

Form No: NTMH/OPD-01

Name of the Patient		**Age [ ]**	**Male [ ] Female [ ]**
Referred by	**JDWNRH [ ] NTMH [ ]**		
Referred to	**JDWNRH [ ] NTMH [ ]**		
CID/Registration No.			
Phone Number			
Probable Diagnosis			
Patient History			
Details of Treatment provided			
Purpose of referral			
Signature: **Name:** **Designation:** **Mobile No:**			