



No.	Treatment
1	BRIDGE PORCELAIN PER UNIT
2	BRIDGE PORCELAIN FACING PER UNIT
3	BRIDGE RE-CEMENTATION
4	CROWN TEMPORARY
5	CROWN PORCELAIN
6	CROWN PORCELAIN FACING
7	CROWN CHROME COBALT
8	CROWN ACRYLIC FACING
9	CROWN RECEMENTTATION
10	PARTIAL DENTURE PER TOOTH
11	ADDITIONAL PER TOOTH
12	COMPLETE DENTURE
13	COMPLETE DENTURE (HALF)
14	COMPLETE DENTURE REPAIR
15	LIGHT CURE VENEERING PER TOOTH
16	HAWLEY'S APPLIANCE
17	RETENTION APPLIANCE
18	FIXED ORTHODONTIC APPLIANCE (BEGGS)
19	SUBSEQUENT MONTHLY ADJUSTMENT (BEGGS)
20	FIXED ORTHODONTIC APPLIANCE (ST. WIRE)
21	SUBSEQUENT MONTHLY ADJUSTMENT (ST. WIRE)
22	HAWLEY'S APPLIANCE WITH SPRING
23	INCLINED PLANE
24	REPLACEMENT OF BROKEN WIRE BRACKETS
25	SCALING (NORMAL)
26	SCALING (MEDIUM)
27	SCALING (HARD)
28	POLISHING
29	TOOTH REDUCTION
30	TOOTH REIMPLANTATION
31	OPELESCENCE

4

مذكرة إحالة طبية

MEDICAL REFERRAL LETTER

Referring health Facility :.....
 Referred Facility:.....
 Patient Name:
 Age:..... Sex:.....
 Health Facility ID No:
 Address:
 National ID No:
 Duration Of Treatment:
 Ward & Bed No:.....
 ProvisionalDiagnosis:

Assessment of Present Condition (Positive Clinical Findings):

.....

Investigations Done (Relevant)

.....

Treatment Given at the Referring Health Facility:

.....

Assessment of Present Condition (Positive Clinical Findings):

.....
.....
.....
.....
.....

Investigations Done (Relevant)

.....
.....
.....
.....

Treatment Given at the Referring Health Facility:

.....
.....
.....

Reasons for Emergency Referral:

.....
.....
.....
.....

Recommendations of Specialist at Referred Facility (and name of the specialist):

.....
.....
.....
.....

Is the patient fit for travel: By air (Y/N); By sea (Y/N) Is patient a stretcher case: (Y/N)

Is medical escort required: (Y/N) If yes, number of escorts required:

Date:

Name, Designation and Signature of medical practitioner/
health worker referring the case:

.....
.....
.....

Social Health Insurance Protocol for Emergency Transfers Inclusion Criteria

1. Must be declared a life – threatening emergency by the host institution attending medical practitioner or health worker.
2. Must be corroborated by receiving health facility as an appropriate case for receipt and management that will make a critical difference in term of morbidity / mortality.
3. The patient should be fit for air/ sea travel. (As declared jointly by referring and receiving facilities)

Exclusion Criteria

1. Unfit for air/ sea travel
2. Management at higher level is unlikely to make a prognostic difference
3. Brain death
4. No Consent

Common Eligible Conditions

1. Trauma – Head Injury , Complicated fractures that require open reduction or instrumentation
2. Extensive burns (after immediate hemodynamic stabilization)
3. Penetrating/ Crusting injuries of thorax/abdomen with significant internal organ damage
4. Acute CNS infections with doubtful diagnoses
5. Status epilepticus with undiagnosed a etiology
6. Mania requiring physical restraint
7. Depression with serious suicide ideation
8. Anti polyneuropathy/radiculopathy/muscle disease requiring ventilator support (e.g. scrub typhus, dengue) or developing serious complications (e.g. DSS/DHF)
9. Stroke with raised ICT

10. Severe Cardiac Failure
11. Anti respiratory failure (where ventilator support is not available locally)
12. Life – Threatening cardiac arrhythmias
13. Seriously ill patients with any diagnostic conundrum
14. Gross life threatening congenital anomalies (compatible and life)
15. Extreme prematurity (<33 wks)
16. Life threatening urgent surgical conditions
17. Congenital cyanotic heart disease requiring medical/surgical management. (e.g. pulmonary stenosis/Artesia)
18. Life threatening pregnancy related complications either for baby or mother

۵

دکتر سردار محمد عظیم

1	CHEST X-RAY	8	URIN ANALYSIS
2	ECG-12 LEADS ONLY	9	HB/PCV
3	TOTAL CHOLESTROL	10	TLC
4	FASTING BLOOD SUGAR	11	DLC
5	SERUM CREATININE	12	ESR
6	SGOT/AST	13	PAP SMEAR
7	SGPT/ALT	14	PSA