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HEALTH & MEDICAL SERVICES

Maldives Correctional Service



MR #

Patient Name
 Permanent Address
 Present Address
 Atoll / Island

ID Card Number
 Rec. Card Number
 Hospital Number
 Date of Birth

TO BE COMPLETED BY THE MEDICAL OFFICER OR MEDICAL DOCTOR

Provisional/ Final Diagnosis:

Degree of illness:

Minor: Moderate: Severe:

Recommended that the patient:

Be admitted in hospital.
 Be kept in a medical facility for treatment for a period of days.
 Be kept in a place with access to a doctor.
 Need to come for follow-up within days Date

Any Refferel for Other Doctors: _____

Recommended that medications may be stopped:

After obtaining symptomatic relief.
 After completing the full prescribed course.
 Only after obtaining medical advice.

If any allergy

Additional Requirements for patient treatment in Maldives

Patient can be managed in Male'

Specify in Details

The patient is to take the following type of diet:

Normal Low salt Diabetic Other _____
 Non spicy Low calorie Low fat (specify) _____

Doctor's Information:

1-Doctor's : Signature: Doctor ' s Name: Designation:	Office Stamp	2-Doctor's : Signature: Doctor ' s Name: Designation:	Office Stamp	MCS Medical Services: Name: Designation: Signature: Date:
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Treatment in Abroad

Urgent

Specify in Details

1- Doctor's : Signature: Name: Designation: Date:	Office Stamp	2- Doctor's : Signature: Name: Designation: Date:	Office Stamp	Head Of MCS Name: Designation: Signature: Date:
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