













بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

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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