

CF: 1199580062792076



**CENTRE HOSPITALIER UNIVERSITAIRE
UNIVERSITY TEACHING HOSPITAL**

Recommended to do the procedure as requested
24Hrs Admission for pre op preparation

**UNIVERSITY TEACHING HOSPITAL
(CHUK)**

5 days post procedure follow ups
Dr. Eugène Nzi Dzanku

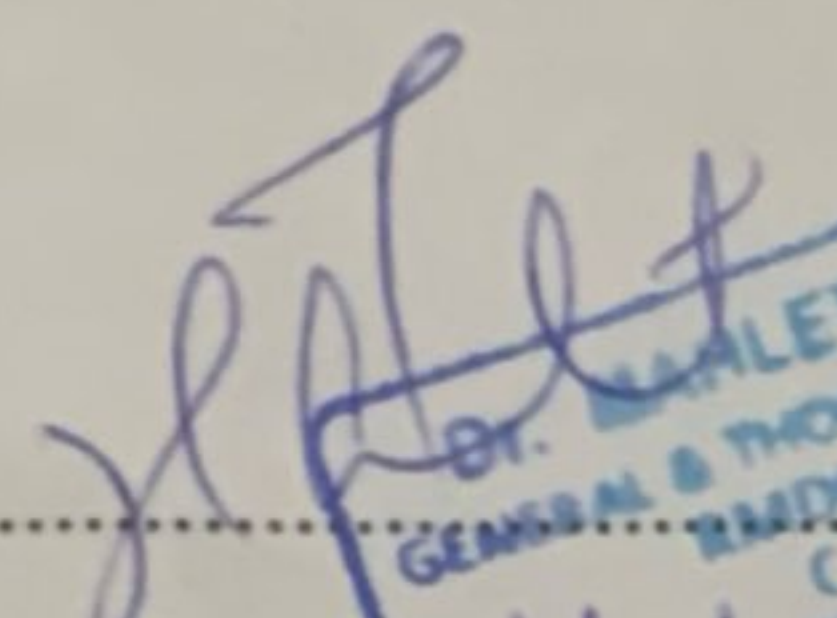
N°...../CHUK/07

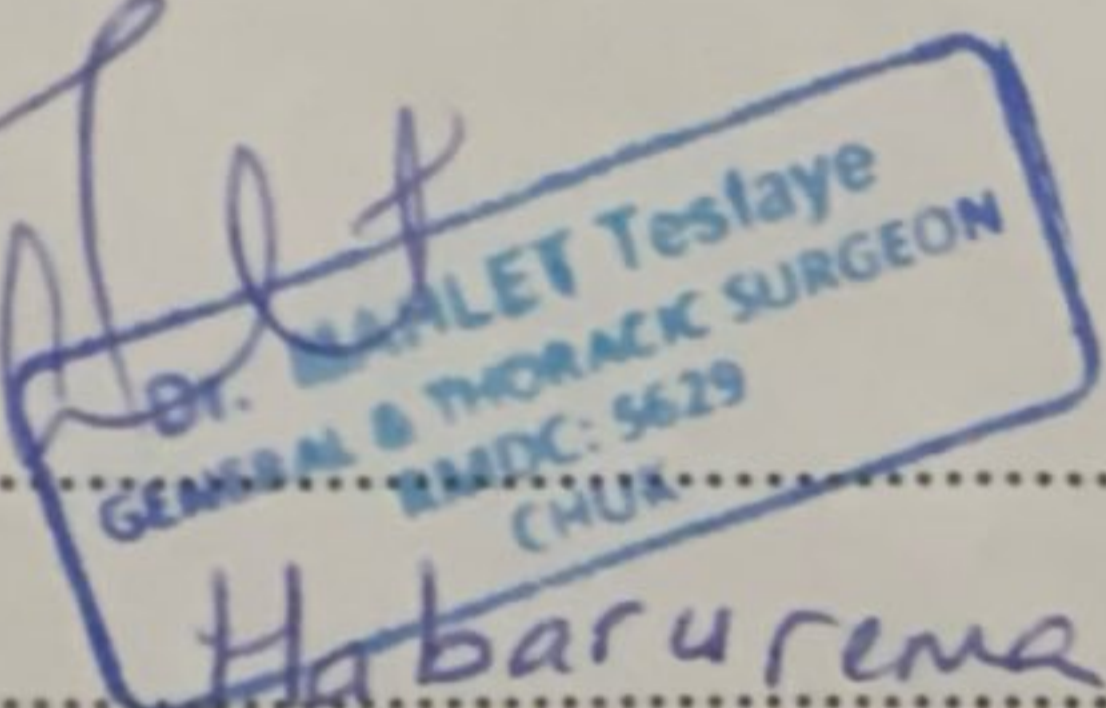
~~24/4/26~~ 24/4/26

**A TRANSFER OF PATIENTS TO KING FAISAL HOSPITAL FOR CASES
THAT CANNOT BE MANAGED AT THE TERTIARY LEVEL (CHUK)**

Referred to: **KING FAISAL HOSPITAL**

Referred by

Dr.  /Date 23/4/26



Patient's full name Habarurema Eric

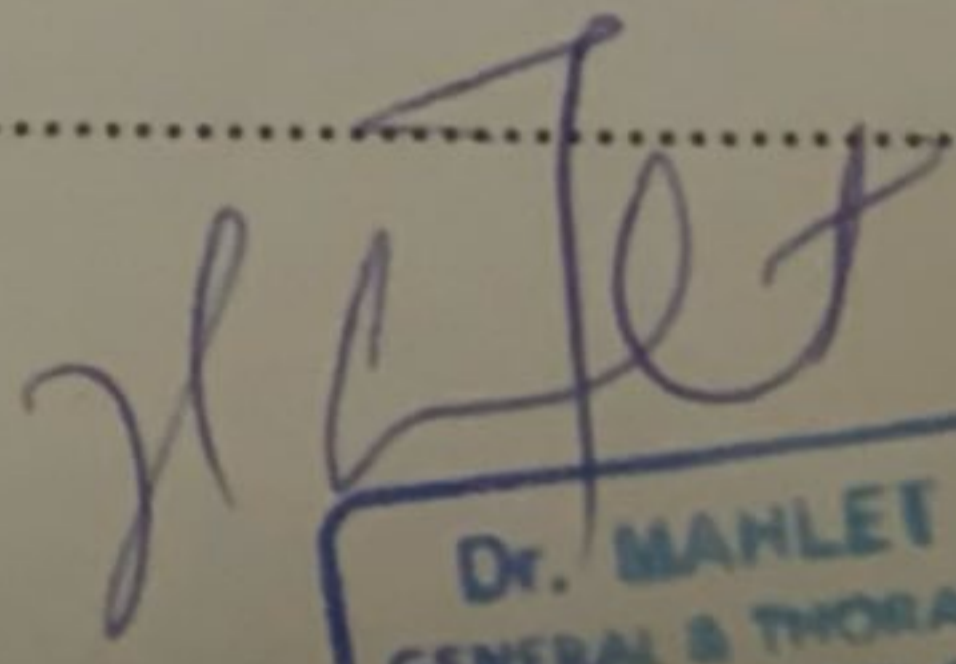
Age 31 Sex M

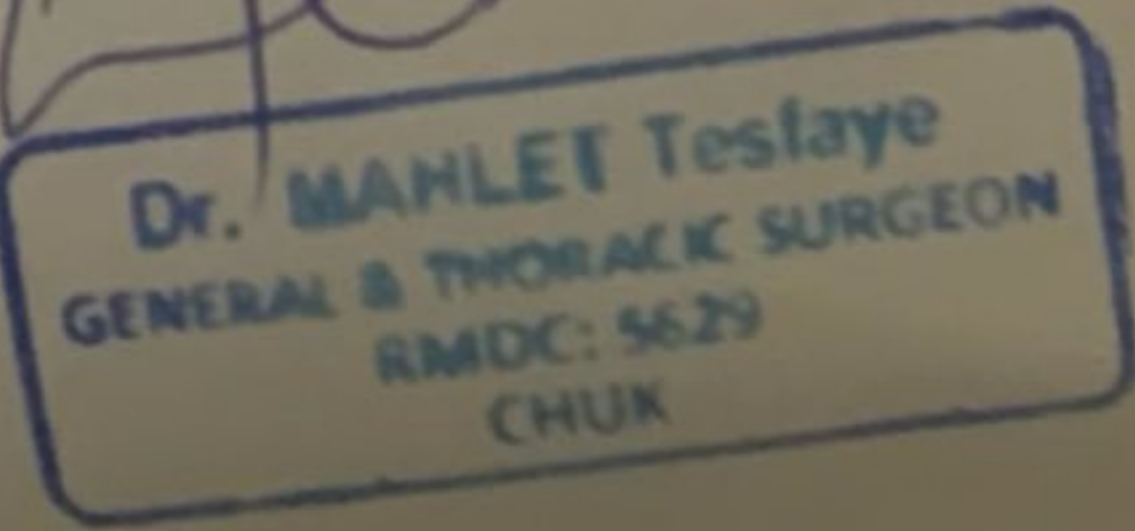
Adress.....

Clinical condition: Post penetrating chest injury 15
months back, has persistent cough &
hemoptysis.

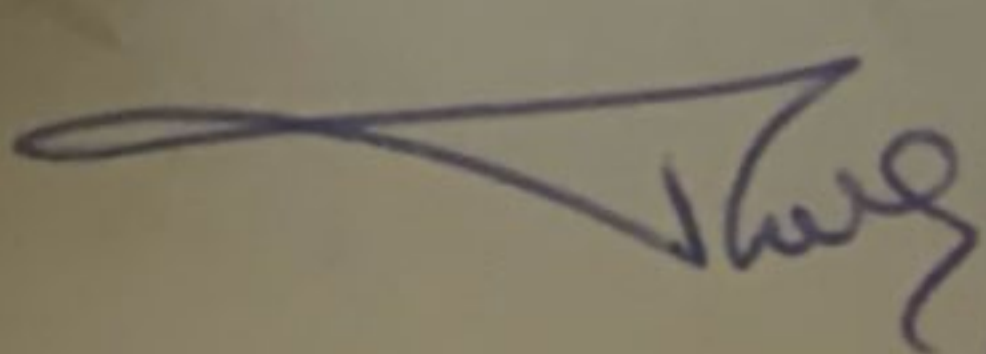
CT: RML destroyed by small FB retained.
Referred for Rigid bronchoscopy + lobectomy

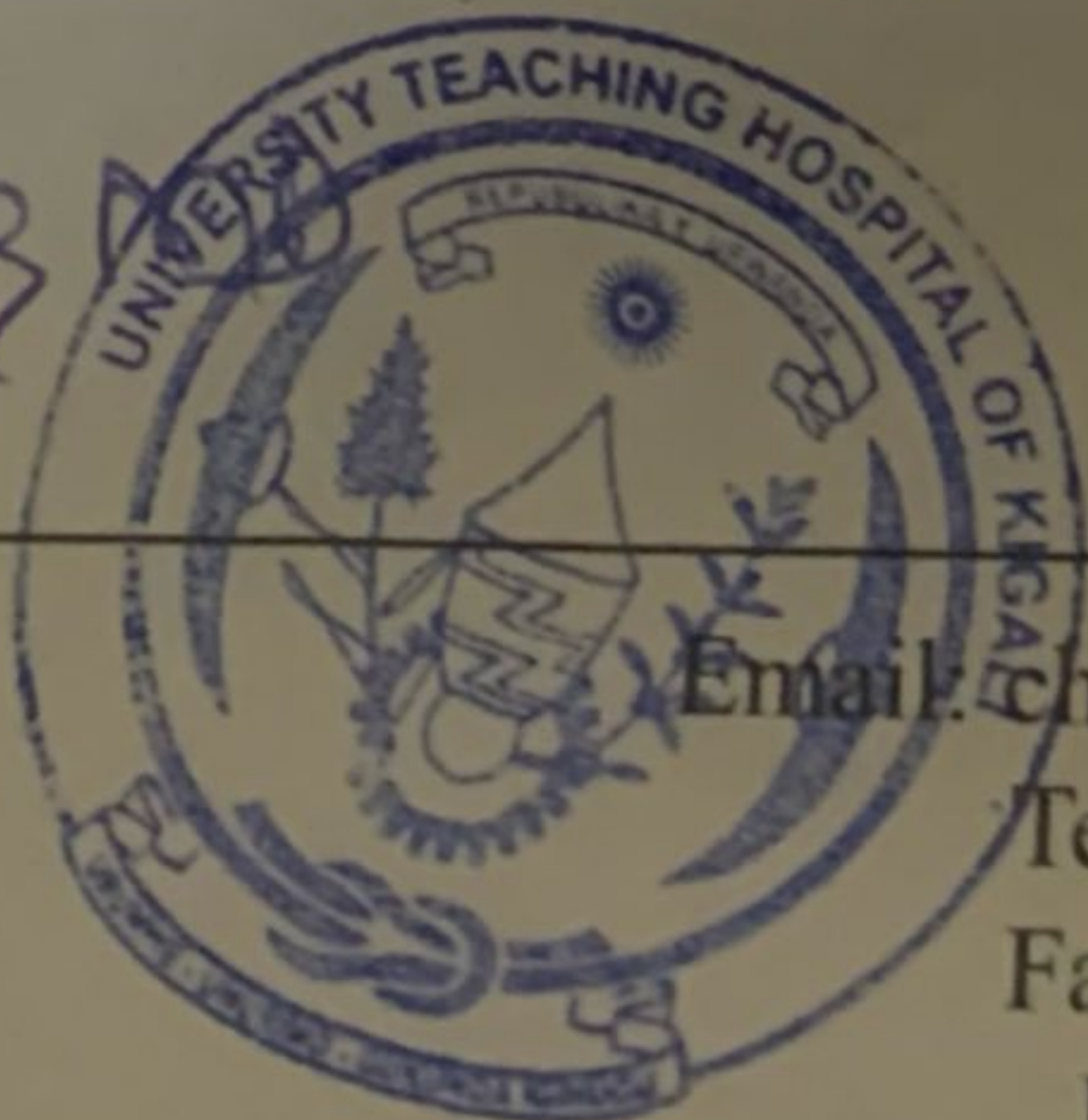
REFERRING DOCTOR:





APPROVED BY:





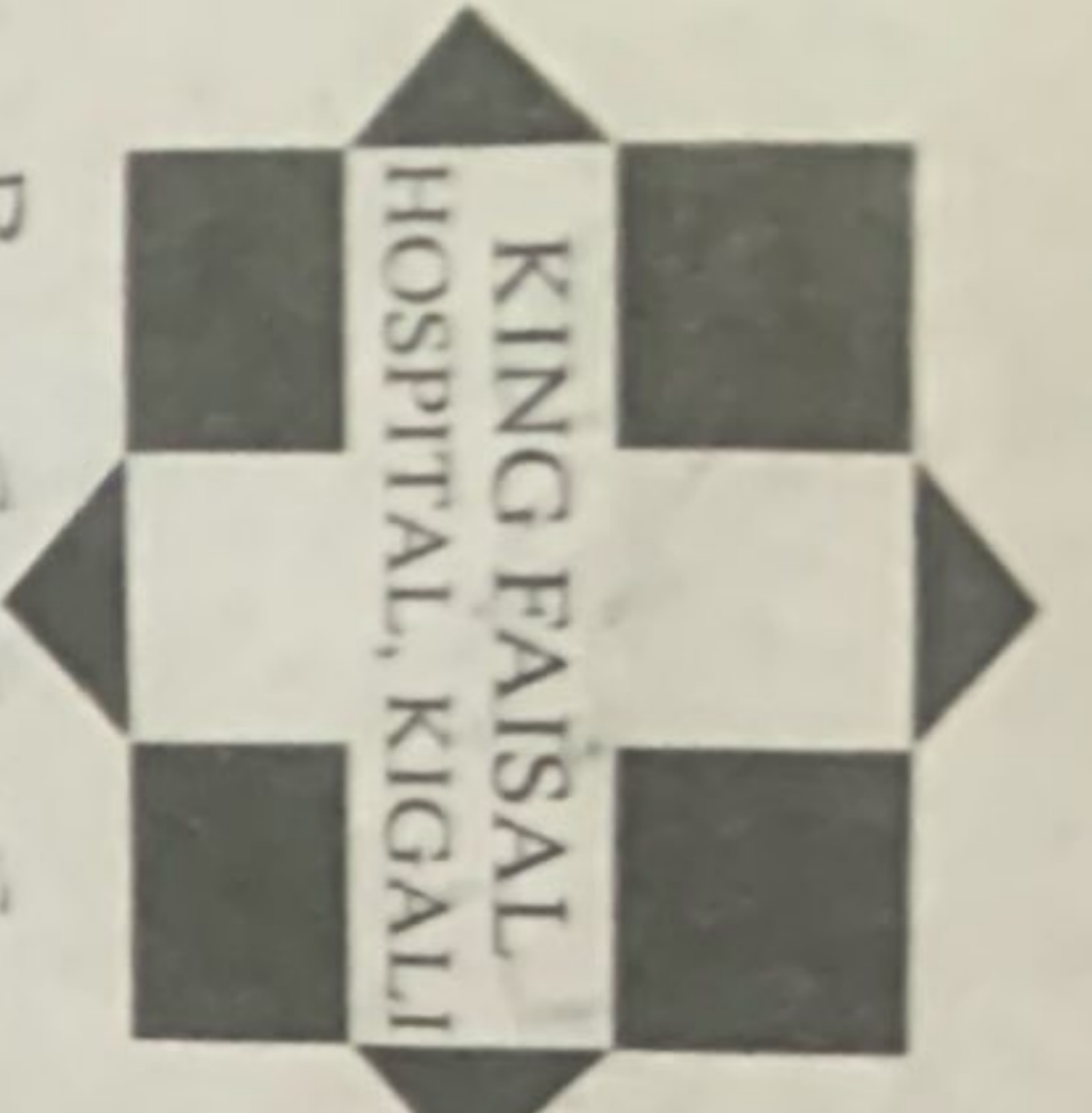
Email: chuk.hospital@chukigali.org

Tel: 00 (250) 575555

Fax: 00(250) 576638

B.P. 655 KIGALI

Roomwarded to do the procedure as requested



KING FAISAL HOSPITAL, KIGALI

With Admission for preop preparation

ADMISSION SLIP

Patient Centered Care

DATE: 24/04/2025	
WARD: Dr. Niyonsaba	
DIAGNOSIS & PROCEDURE: Pre for lung chest surgery	
INSTRUCTIONS TO THE WARD: Adm in	
NAME & SIGNATURE OF DOCTOR: [Signature]	

PATIENT DETAILS

Patient Name	HATISARURIRWA	Title	Briz
Birthdate			
Admitting Dr.	Dr. Niyonsaba		
Admission date		Time	
Ward		Anaesthetist	
Occupation			

INSTRUCTIONS TO THE WARD:

- Dr. FRSC, URES LFT, PP & RT
- Anaesthesia room
- Bookers UT PRSC
- Fees as is

NAME & SIGNATURE OF DOCTOR:

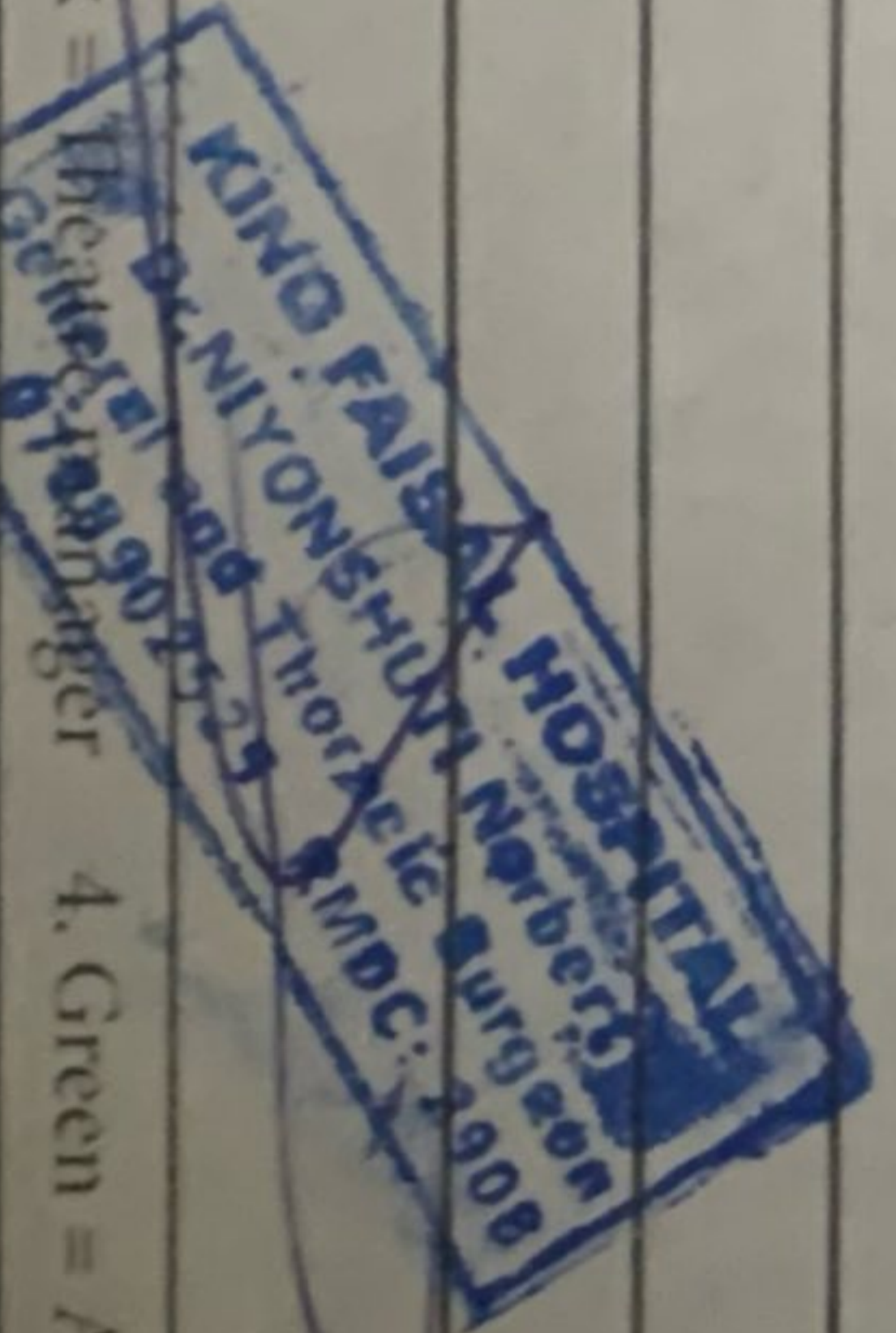
[Signature]

- 1. White = Patient copy
- 2. Blue = Ward
- 3. Pink = The Center Manager
- 4. Green = Anaesthetist
- 5. Yellow = Patient file

King Faisal Hospital Kigali, will be a Centre of Excellence in health services provision and clinical education in Africa

TEL: +250 252 588 888 Fax +250 252 583 203 E-mail: info@rth.rw Website: www.kfh.rw
GASABO DISTRICT, P.O. BOX 2534 KIGALI, RWANDA

KFH-R-004



NAME & SIGNATURE OF DOCTOR:

[Signature]

[Signature]

[Signature]

[Signature]

INSTRUCTIONS TO THE AMBARD: *[Handwritten text]*

DATE: *[Handwritten date]*

WARD: *[Handwritten ward]*

INVESTIGATIONS & PROCEDURE

ADMISSION SLIP

Occupation	<i>[Handwritten]</i>
Ward	<i>[Handwritten]</i>
Admission date	<i>[Handwritten]</i>
Admitting Dr	<i>[Handwritten]</i>
Birth date	<i>[Handwritten]</i>
Patient Name	<i>[Handwritten]</i>

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KING PAISAL HOSPITAL, KUNJIK

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KING PAISAL HOSPITAL
KUNJIK
[Stamp]

HOSPITAL