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Brihanmumbai Municipal Corporation

SOCIAL SERVICE DEPARTMENT

L. T. M. G. HOSPITAL & L.T.M.M. COLLEGE, SION, MUMBAI - 400 022.

CDO Referral Form for appliances, Medicines etc. for patients

Requirements costing upto Rs. 500/- Register's Sign.

Requirements costing Rs. 500/- and above Asstt. prof. or above to Sign.

Deptt. : Paediatrics Unit : Dr. RGG Ward : PICU Date : 31/1/26

Name of the Patient : UMERA YASIN SHAIKH

Clinical Diagnosis : c/o LRTI c̄ Severe Aortic stenosis Indoor / Outdoor No. : 6410

Prognosis : fair

Sr. No.	Name	Dose and Duration	If schedule item, please write remarks
1	Balloon Aortovalvoplasty		
2	(As c/D/w Adult	cardiology - estimated	
3	Cost for Balloon	Aortovalvoplasty	is 50-60,000 ₹/-)
4	↓ → 2D - ECHO	done - Report	Attached
5			
6	kindly Help for further M/x as NOT There	the child's name is in the Ration	card

Patient referred for partial / full treatment :

Approximate total cost of requirement referred for :

Additional remarks (Culture report / future plan of treatment etc.) :

Signature and Stamp of A.P.I.C.U.
Asstt. Prof. or Registrar LTMGH. SION, MUMBAI - 22.

NS3210HC-BMPP-59134-2022-23-300 Pads (100 Lvs.)M-7

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