

Form No. 1

Application for Medical treatment abroad.
Original for Medical Authority and duplicate for Bangladesh Bank

-----Dhaka.

1. Name and address of a authorized dealer through whom and application of foreign exchange will subsequently to be made to Bangladesh Bank,Dhaka.
2. Name and address of the applicant (Block letter).
3. Nationality, Passport No. date and place of its issue.
4. Age.
5. Name and address of the Consultant/Specialist who is treating the patient for specific ailment.
6. Treatment contemplated in which country/contries.
7. Whether you requires any Foreign Exchange,if not, how will bear your expenditure in abroad.
8. Whether you received any treatment previously abroad, if so what was the disease for which of treatment was taken abroad.
9. What is the result of the treatment you under took in Bangladesh and abroad document regarding the treatment abroad will have to be submitted along with the application if he took previously.
10. In which country the treatment was taken.
11. Whether the statement of expenditure together with supporting vouchers were submitted to the Bangladesh Bank.

Signature of the applicant in full.

** Consultant specialist means a doctor who got post graduate qualification in the particular subject of ailment to the patient.

From- 2

To be filled by the consultant specialist who was been treating the patient and is advising further treatment outside the country. The particular should be completed as possible in respect of the system only the relevant finding should be recorded.

1. Particular of the patient.

Name-

Sex

Religion

Chief complain-

1. Findings of examination.
 - General
 - Fill
 - Nutrition
 - Anaemia
 - Jaundice
 - Oedema
2. Systemic Examination
 - Cardiovascular
 - Heck Veins
 - Heart sound
 - Any other finding if any
3. Respiratory system
 - Respiration rate and rhythm type
 - Movement of chest
 - Tracheas
 - Bronchial framitus
4. Digestive system
 - Swallowing
 - Any other in mouth
 - Any conscous swelling over abdomen
 - Liver
 - Spleen
5. Examination of G.I. Tract
 1. I.N.P
 2. Genital, Urinary system
 3. Swelling in the Renal Area

Tenderness growth
Palpable growth
Any other findings

Menstrual history.....Regular/Irregular if
So
Duration
Uterus- Enlarged or not-
Alteration of cervix
Tumor seen/ palpated

Nervous System

Mental
Condition
Higher cerebral function
Speech
Spine
Movement
Flexion
Extension
Rotation
Spinal nervous auto—sensory—
Reflexes
Locomotors
Bone condition
Gait

EYE

Vision
Paresis
Diplopia
Squint
Nystigmus
Pupil condition
Any Ulcer/ Tumour
Nature of Tumour
Other special finding if any.
Pupil
Other special findings if any

6. Ear

Vestibular
Giddiness / Dizziness.
Growth if any nature of growth
Other findings, if any

7. Muscular system

Condition of Muscles
Weakness
Wastage
Response to Electric stimuli'
Uloeration/ growth

8. Required investigation

Pathologist
Blood
T.C
D.C.
E.S.R.
Ph%
WR
V.D.R.L.
C.F.T
Kahn test
Blood sugar Fast/ 1.5 hours after meal
Serum protein
Serum cholesterol
Serum Uric Acid
Blood Culture
Stool Microscopic
Urine
Chemical
Microscopic culture
C.S.F.
Chemical
Serological WR
CFG

Culture

Positive

Negative

B.C. other investigation

X-Ray Chest PA/lat View

I.V.C

I.V.C.

Endoscopic findings

Eystigram Endoscopic examination

X-Ray of skull

X-Ray spine

Renal function test

Liver function test

Angiographic examination

Biopsy report required-

N.B.The investigation should be in relation to the diseases only for which the patient require to:-

Declaration the consultants specialist

I Dr.....
(Qualification).....

.....do here by declare that
Mr./Mrs./Miss.....

.....
address.....

.....has been suffering
from.....

.....since..... There is no scope for further essential
life saving investigation and treatment required for its improvement in Bangladesh, I advise
him for further treatment in.....country.

Signature in full of the
Competent consultant specialist (with seal)

Full Name (Block letter).....

Reg.No.....

Place.....