

Date:

Dear Dr.

NKF Red Bean Assistance: Medical Review**Name of Patient:****IC No.:**

I am pleased to inform you that the above named patient has received the following courses of Mircera at NKF Dialysis Centre _____ in the past 3 months:

No.	Mircera Dosage	BP pre - administration	Date of Administration	Comments
1				
2				
3				

Kindly continue to see this patient for regular follow-up with blood tests and case management. Kindly fill in the new prescription below (and give the completed prescription form to the patient to bring to NKF at his/her next Mircera administration) to continue this patient's treatment for the next 3 months:

Prescription Form:

Name:	Treatment	Serial No:
IC No.:		
Age:		
Date:		
Diagnosis: Renal Anaemia		
		<hr/> Consultant Physician & Nephrologist

Thank you.

Yours sincerely,

 Head of Medical Department, NKF

Chop: