Republic of the Philippines
Department of Health
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur

BAGONG PILIPINAS

HEDMU Conduction Form:

Name of Patient: _____Age:_____Gender:_____

Diagnosis :_____

Reason for referral: *(please specify)*_____

Station(Origin):_____

Destination:(*please refer to the nearest capable hospital first)*_____

Referring Resident on Duty: _____Approved by Consultant on Duty: _____

Referred to: (whom)_____ Nurse on Duty: _____
(HCP from receiving hospital) *(Name and Signature)*

Doctors Order	**Referred to HEDMU**	**Received by HEDMU**
Date:_____	Date_____	Name:_____
Time:_____	Time:_____	Date_____
		Time:_____

FM-HEDMU-CF Revision: 3 Effectivity Date: August 01, 2025

.....

.....please cut here (submit one copy only).....

Republic of the Philippines
Department of Health
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur

BAGONG PILIPINAS

HEDMU Conduction Form:

Name of Patient: _____Age:_____Gender:_____

Diagnosis :_____

Reason for referral: *(please specify)*_____

Station(Origin):_____

Destination:(*please refer to the nearest capable hospital first)*_____

Referring Resident on Duty: _____Approved by Consultant on Duty: _____

Referred to: (whom)_____ Nurse on Duty: _____
(HCP from receiving hospital) *(Name and Signature)*

Doctors Order	**Referred to HEDMU**	**Received by HEDMU personnel**
Date:_____	Date_____	Name:_____
Time:_____	Time:_____	Date_____
		Time:_____

FM-HEDMU-CF Revision: 3 Effectivity Date: August 01, 2025