



**GOVERNMENT OF PAKISTAN
PAKISTAN BAIT-UL-MAL**

HOSPITAL NAME: _____

**PROFORMA FOR TREATMENT OF POOR/DESERVING HEPATITIS-C PATIENTS
IN GOVERNMENT HOSPITALS.**

1. Name: _____
2. Age/Sex _____ NIC No. _____
3. Address: _____
4. File No. _____ 5. Indoor/Out door _____
6. Social status of patient _____
7. Diagnosis: _____
8. Specific Lab. investigation _____
 - ANTI-HCV _____ Positive/Negative _____
 - SGPT level _____
 - Genotype/Serotype _____
 - Liver Biopsy _____
9. Clinical prognosis _____
10. Cost effect benefit of the disease _____
11. Any associated decompensation _____
 - (i) Ascites/Portal hypertension _____ (ii) Hepatic encephalopathy _____
 - (iii) Upper GI bleed _____ (iv) Cirrhosis _____
12. Statistical cure rate _____
13. Response to previous Interferon therapy _____
 - a. End treatment response _____ b. Sustained response _____
14. Detail of life saving/essential medications with dosage and durations & cost should be as per institutional rebate-rate to the Hospital:-
 - Inj. **Interferon** 3 MU 3 x week
 - Cap. **Ribavirin** 400 mg x TDS

} 6 months
15. Contribution from Hospital. _____
16. Total Cost of treatment Rs. _____
17. Financial Assistance required from Pakistan Bait-ul-Mal Rs. _____
18. Detail of previous assistance from PBM (if any) _____
 - a. case No. _____ b. Amount. _____

Note:-Checked and verified by following:-

Doctor _____
Designation _____

Medical Social Officer

M.S/Administrator/Director

Signature/Thumb of the Patient

Consultant Gastroenterologist
Medical Specialist