



**POSHAN  
Abhiyaan**

PM's Overarching  
Scheme for Holistic  
Nourishment

सही पोषण – देश रोशन



# T3

**TEST, TREAT  
AND TALK (T3)  
ANEMIA CAMP**

(PRESCRIPTION/REFERRAL SLIP)

State: ..... District: ..... Block: ..... Site: .....

Name: .....

Date:.....

Age In years: .....

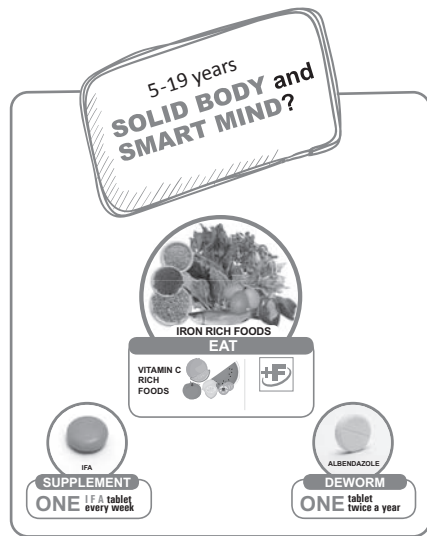
Sex:  Male |  Female

Hemoglobin value: ..... gm/dl

Management:  No anemia |  Referred

Referral: \_\_\_\_\_

Signature of the Medical Officer





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# T<sup>3</sup>

## Test, Treat and Talk (T3) Anemia Camp

(Prescription/Referral Slip)

State: ..... District: ..... Block: ..... Site: .....

Name: ..... Date:.....

Age In years: .....

Sex:  Male |  Female

Hemoglobin value: ..... gm/dl

Management:  No anemia |  Treated with IFA BD dose |  Referred

Referral: \_\_\_\_\_

Signature of the Medical Officer

