



TELANGANA GOVERNMENT
EMPLOYEES AND JOURNALISTS
HEALTH SCHEME

OTP-418126

PATIENT REGISTRATION FORM
Patient No : 6374582

Token No: **96**

PERSONAL DETAILS

Health Card No: GA0000552/01	Name: KORICHARLA SRINIVAS RAO	Gender: Male
Age: 51Y 2M 3D	Relationship: Self	Slab: Semi Private Ward
Designation: Assistant Section Officer	Contact No: 9866305901	



CARD ADDRESS

House No: 2-108/6/27/31	Street: P.N.R. COLONY	District: MEDCHAL
Mandal/Municipality: MEDIPALLI	City/Town/Village: BODUPPAL	Pin code: NA

COMMUNICATION ADDRESS

House No: 2-108/6/27/31	Street: P.N.R. COLONY	District: MEDCHAL
Mandal/Municipality: MEDIPALLI	City/Town/Village: BODUPPAL	Pin code: NA

REGISTERED HOSPITAL DETAILS

Referral Center: WC - KHAIRATABAD	Referral Center Contact: 040-23300989
Date and Time of Registration: 09/01/2025 10:43:38 AM	

S.No	Speciality Type	Room No
1	Physiotherapy	NA
2	General Physician	205
3	Orthopedician	201

Cash

Physiotherapy ~~Exercises~~

Quadrup
Neck/Trapezius

CBS, UK, RBS, Silver Medal, CPT
Lipid Profile. RFT

1) ~~T. Rejent~~ OD X 15

2) ~~Thel Bel.~~

3) ~~Melby/Chelani SW~~
OD X 15

4) ~~Cap Bevan~~ OD X 15

5) ~~T. Calcium~~ OD X 15

6) ~~T. Febuxostat 40~~
OD X 30

T. ~~Alma~~ 20g

(80)

T. ~~Acet~~ 100g

(10)

Frido

Dr.