

PAHAL

Assistance Program

TEST INFORMATION

Test Name	<input type="text" value="TACROLIMUS"/>	TRF NO :	<input type="text" value="TC2020W04516-16"/>
Doctor Name	<input type="text" value="Anup Choudhary"/>		
Dr. Contact No	<input type="text"/>		
Hospital Name	<input type="text" value="Nanavati"/>		
Hospital Address	<input type="text" value="Mumbai"/>		
Collection Date	<input type="text" value="15 / 07 / 2020"/>	DD/MM/YYYY	
Collection Time	<input type="text"/>	24 Hrs	

PATIENT INFORMATION

Patient UID No	<input type="text" value="2020W04516"/>		
Patient Name	<input type="text" value="Dhananjay Karnik"/>		
Patient Mobile No	<input type="text"/>		
Patient Age	<input type="text"/> Yrs	DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Home Address <input type="text" value="602, Sachinam, Raheja Complex, behind Times of India, Western Express Highway,"/>
Type	<input type="checkbox"/> FOC	<input checked="" type="checkbox"/> PAID	
Home Collection	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

LAB INFORMATION

Lab Name	<input type="text" value="Metropolis"/>	Lab Code	<input type="text" value="MPL"/>
Lab Address	<input type="text"/>		
Lab City	<input type="text" value="Mumbai"/>		
Person Name	<input type="text" value="Mayur"/>	Sign	<input type="text"/>

The Test request is done on doctors consent and recommendations

Kindly send the duly filled and signed / stamped TRF to Kartavya Healthon Pvt Ltd, Mumbai with one copy for your records

Supported By

