

# PAHAL

Assistance Program

## TEST INFORMATION

Test Name	<input type="text" value="TACROLIMUS"/>	TRF NO :	<input type="text" value="TC2019W04278-3"/>
Doctor Name	<input type="text" value="Abhijit Lodha"/>		
Dr. Contact No	<input type="text"/>		
Hospital Name	<input type="text" value="Ruby"/>		
Hospital Address	<input type="text" value="Pune"/>		
Collection Date	<input type="text" value="10 / 01 / 2020"/>	DD/MM/YYYY	
Collection Time	<input type="text" value="6   30"/>	24 Hrs	

## PATIENT INFORMATION

Patient UID No	<input type="text" value="2019W04278"/>		
Patient Name	<input type="text" value="Rupali Rajendra Choudhari"/>		
Patient Mobile No	<input type="text" value="9   4   0   3   8   8   8   2   5   5"/>		
Patient Age	<input type="text"/> Yrs	DOB	<input type="text" value="/ /"/>
Gender	<input type="text"/> Male <input checked="" type="checkbox"/> Female	Home Address	
Type	<input checked="" type="checkbox"/> FOC <input type="checkbox"/> PAID	Ganesh Dabetwar, Rangnath Smar- thi, Khandoba Temple, Kanehri Road, Moti Nagar, Latur.*Tal:* Latur.*Dis*: Latur.*Pin co:* 413512	
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="Latur"/>		
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

