



# VERMA HOSPITAL

MULTISPECIALITY & TRAUMA CENTER

PATIENT NAME :- {{patient\_name}}

AGE / SEX :- {{age}} / {{sex}}

ADDRESS :- {{address}}

PHONE NO. :- {{phone\_number}}

CONSULTANT :- {{consultant}}

DEPTT. :- {{dept}}

REG.FEES :- {{reg\_fees}}

OPD NO. :- {{opd\_num}}

UHID NO. :- {{uhid}}

DATE & TIME :- {{date\_time}}

VALID UPTO :- {{valid\_upto}}

GUARDIAN :- {{guardian}}

## OPD ASSESSMENT

BP mm/hg Pulse ..... min Temp..... f SpO2.- ..... RR:-.....

O/E

Rx

Investigation  
Required



NEAR GODARA PETROL PUMP, AZAD NAGAR HISAR/01662-315044

NOT VALID FOR MEDICO LEGAL PURPOSE