**Capture20231227034626 HOSPITAL**

**PATIENT NAME :-** **{{patient\_name}}**

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

**ADDRESS :**- {{address}}

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

**CONSULTANT :-**  **{{consultant}}**

**DEPTT. :-**  **{{dept}}**

**MULTISPECIALITY & TRAUMA CENTER**

**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