DISTRICT HOSPITAL SHIVPURI

Name: {p\_name}

S/W/O: {swo}

Age: {p\_age}

Address: {p\_address}

Brought By: {brought\_by}

Identification Mark: {id\_mark}

History: {history}

Injuries:

{#injuries}

{type}, {size}, {location}, {object}, {nature}, {duration}

{/injuries}

Opinion: {opinion}

Place: {place}

Date: {date}

Time: {time}

Name of Doctor: {d\_name}

Designation: {designation}

Posting Place: {p\_place}