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Paient info					
Name:		Mobile:		Blood group:	Martial status:
DOB:		Age:		Address:	
Visit Info					
Visit Number:		Visit description:		Date of visit:	Department:
Doctor:		No- of visits:		Last visit date:	
Order Info					
Service type:		Service:		Visit type:	Doctor:
Payer:		Price:		Qty:	Amount:
Bill:					
Bill Info					
Patient amount / payer amount / deposit:		Payment mode:		Amount:	Received from:
Vitals					
Vitals	Values		Others		Notes
Blood Press	Actuals	Range	Blood pressure site	Positioning	
Temperature			Temperature site		
Pulse rate			Pulse rate sight		
Doctor Name and Treatment					
Doctor Name:		Treatment Name:			