**POORNIMA AYURVEDIC MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE**

**Treatment/Procedure Chart**

|  |  |  |
| --- | --- | --- |
| Patient Name: UHID No: Sex/Age:  OP/IP No: | | |
| Procedure Details: | | |
| Procedure Start Date: Procedure End Date: | | |
| Date:  Pre Vitals:  Post Vitals: | Procedure Note: | Performed by |
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