



MGM
NEW BOMBAY HOSPITAL, VASHI



Patient Sticker

REQUEST APPLICATION FOR SUPPLY OF MEDICAL REPORT OF PATIENT

Date : 14/10/24

Name of Patient : Kiran Bhagwan Taware Age : 56 Sex : M

IPD No. : 2406720 OPD No. : _____ Bed No. : SIV- D10 Ward : SIV

Date of Admission : 5/10/2024 Date of Discharge : _____

Provisional Diagnosis : _____ UHID : _____

Name of Consultant : Dx. Prachant Athale ✓
EXPIRED / M.L.C. / NON M.L.C.

PURPOSE FOR WHICH MEDICAL REPORTS REQUIRED (SPECIFY IN BRIEF)

- | | | |
|-------------------------------|---|-------------------------------------|
| Legal Matters | : | <input type="checkbox"/> |
| Seeking Second Opinion | : | <input type="checkbox"/> |
| Transfer of Patient | : | <input type="checkbox"/> |
| Submission of Insurance Claim | : | <input type="checkbox"/> |
| Own Personal Record | : | <input checked="" type="checkbox"/> |
| Records Returnable | : | <input type="checkbox"/> |

DETAILS OF MEDICAL REPORTS

- | | | | | | | |
|---------------------------|---|--------------------------|----------------|-------------------------------------|------|-------------------------------------|
| Lab Test Reports | : | <input type="checkbox"/> | X-Ray Report | <input type="checkbox"/> | Film | <input checked="" type="checkbox"/> |
| Microbiology Test Reports | : | <input type="checkbox"/> | CT Scan Report | <input checked="" type="checkbox"/> | Film | <input checked="" type="checkbox"/> |
| | | | MRI Report | <input checked="" type="checkbox"/> | Film | <input checked="" type="checkbox"/> |

INDOOR CASE PAPER

CLINICAL SUMMARY

DISCHARGE CARD

(Daughter)
Signature Relative / Patient

Signature : Consultant

Administrator / MS

Records Handed over to :

Name of the Patient / Relative Address :

Sector-8, Kopar Khairane

Telephone / Cell No. 9867897299

Received Photocopy
of all records
(14/10/24)

Signature of Patient / Relative :

Details of Records Handed Over :

Photo copy of all Reports
& Films handed to Pt's
Relative on 14/10/2024

Record Keeper / Sister Incharge