



**MGM**  
**NEW BOMBAY HOSPITAL, VASHI**



Organization Accredited by  
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**JCI ACCREDITED**

## Patient Sticker

## **PARTICULARS OF DEPOSIT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ I.P. Number: \_\_\_\_\_

**Dr. Name:** \_\_\_\_\_ **Ward:** \_\_\_\_\_ **Bed:** \_\_\_\_\_ **LHID:** \_\_\_\_\_

**REMARKS / ADMIN NOTE :**