

OK-Green



MGM
NEW BOMBAY HOSPITAL, VASHI



Patient Sticker

Organization Accredited by
Joint Commission International
JCI ACCREDITED

REQUEST APPLICATION FOR SUPPLY OF MEDICAL REPORT OF PATIENT

Date : 17/10/24

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

IPD No. : 2406720 OPD No. : _____ Bed No. : 010 Ward : SICU

Date of Admission : _____ Date of Discharge : _____

Provisional Diagnosis : _____ UHID : _____

Name of Consultant : Dr Prashant 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 type="checkbox"/>
Records Returnable	:	<input type="checkbox"/>

(Autoimmune)
(Vulture)

DETAILS OF MEDICAL REPORTS

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

INDOOR CASE PAPER CLINICAL SUMMARY DISCHARGE CARD

Records Handed over to :

Name of the Patient / Relative Address :

Sec-8, Koparkhairane Navi Mumbai

Telephone / Cell No. 9867697299

Details of Records Handed Over :

- * photo copy Auto
- * Immune report Hand
- * over to patient Daughter
- * 2.00 pm on 17/10/24

(17/10/24) Daughter

Signature of Patient / Relative : (Received)

Record Keeper / Sister Incharge