



MGM
NEW BOMBAY HOSPITAL, VASHI



Patient Sticker

REQUEST APPLICATION FOR SUPPLY OF MEDICAL REPORT OF PATIENT

Date : 22/10/24

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

IPD No. : 2406720 OPD No. : _____ Bed No. : 011 Ward : SICU

Date of Admission : 5-10-2024 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 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 type="checkbox"/> |
| Microbiology Test Reports | : | <input type="checkbox"/> | CT Scan Report | <input checked="" type="checkbox"/> | Film | <input type="checkbox"/> |
| | | | MRI Report | <input type="checkbox"/> | Film | <input type="checkbox"/> |

INDOOR CASE PAPER CLINICAL SUMMARY DISCHARGE CARD

P.Tawarre
Signature Relative / Patient

LMM
Signature : Consultant

LMM
Administrator / MS

Records Handed over to :

Name of the Patient / Relative Address :

Sec-8 Koparkhairane

Telephone / Cell No. 9867697299

(Photocopy CT scan Report Received.)

P.Tawarre (25/10/24) 9.45 AM

Signature of Patient / Relative :
(Daughter)

Details of Records Handed Over :
 ★ Photo Copy CT Scan
 ★ Report Handover to
 ★ Patient's Daughter @ 9.45 AM
 ★ on 25-10-24 with
 Signature

Record Keeper / Sister Incharge