



MGM
NEW BOMBAY HOSPITAL, VASHI



Organization Accredited by
Joint Commission International
JCI ACCREDITED

Patient Sticker

REQUEST APPLICATION FOR SUPPLY OF MEDICAL REPORT OF PATIENT

Date : 14/10/24

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

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

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

Provisional Diagnosis : _____ UHID : _____

Name of Consultant : Dr. Prachant Athale

EXPIRED / M.L.C. / NON M.L.C.

PURPOSE FOR WHICH MEDICAL REPORTS REQUIRED (SPECIFY IN BRIEF)

Legal Matters : ☐

Seeking Second Opinion : ☐

Transfer of Patient : ☐

Submission of Insurance Claim : ☐

Own Personal Record : ☒

Records Returnable : ☐

DETAILS OF MEDICAL REPORTS

Lab Test Reports : ☐

X-Ray Report ☐ Film ☒

Microbiology Test Reports : ☐

CT Scan Report ☒ Film ☒

MRI Report ☒ Film ☒

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, Koparkhairane

Telephone / Cell No. 9867897299

Details of Records Handed Over :

★ Photo copy of all Reports
★ & Films Handovered to pt's
★ Relative on 14/10/2024
★ _____

Received Photocopy
of all records
(14/10/24)
Signature of Patient / Relative :

Signature
14/10/2024
Record Keeper / Sister Incharge