

OK - Given



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 : 17/10/24

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

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

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 : ☐

Seeking Second Opinion : ☐

Transfer of Patient : ☐

Submission of Insurance Claim : ☐

Own Personal Record : ☐

Records Returnable : ☐

(Auto Immune)
(culture)

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 ☐

Pu
Signature Relative / Patient

[Signature]
Signature : Consultant

[Signature]
Administrator / MS

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

Nitin
Signature

Pu (17/10/24) Daughter

Signature of Patient / Relative : (Received)

[Signature]
Record Keeper / Sister Incharge