



Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



INPATIENT BED TRANSFER FORM

410 .MGM16035596 IPD MGMIP2406662

Name: ge/Sex 68 Years /F DOA 03/10/2024 _____ **Age:** _____ **Sex:** _____ **I.P. Number:** _____

ED : 806 WARD : SAUN

Dr. Na. R. DR K. RAJMOHAN _____ Ward: _____ Bed: _____ UHID: _____

[illegible]

Transfer to Hon. Doctor

From Date

Auth. by

MGMV/F/Fro.08/Ver.1/27.07.2004