



**MGM**  
NEW BOMBAY HOSPITAL, VASHI



Patient Sticker

## REQUEST APPLICATION FOR SUPPLY OF MEDICAL REPORT OF PATIENT

Date : 15/10/24

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

IPD No. : 240672 OPD No. : \_\_\_\_\_ Bed No. : 610 Ward : SECU

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                 | : | <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"/> |

Bio fire  
EMG-NCV  
EEG

### DETAILS OF MEDICAL REPORTS

- |                           |   |                                     |                |                                     |      |                                     |
|---------------------------|---|-------------------------------------|----------------|-------------------------------------|------|-------------------------------------|
| Lab Test Reports          | : | <input checked="" type="checkbox"/> | X-Ray Report   | <input checked="" type="checkbox"/> | Film | <input checked="" 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

Ptawale (Daughter)

Signature Relative / Patient

Signature : Consultant

Administrator / MS

Records Handed over to :

Name of the Patient / Relative Address :

Sec-8, Kopalgadwane

Telephone / Cell No. 9867697299

Bio fire & EEG report received

Dm

(15/10/24)

Signature of Patient / Relative :

6:45 pm

NCV Report is balanced (Received)

Details of Records Handed Over :

- \* Photo Copy G & C of
- \* Bio fire and NCV
- \* Report handed over on 15-10-2024
- \* Nitin daughter

Signature

Record Keeper / Sister Incharge