



MGM NEW BOMBAY HOSPITAL, VASHI

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JCI ACCREDITED

INPATIENT BED TRANSFER FORM

MRS. LALITA RAVINDRA LOKHANDE

410 MGM16035586 JPR MGMIP2406663

Name: ID: MGW160335596 **Age:** 68 years **Sex:** F **I.P. Number:** ED0A 03/10/2024

ge/Sex 88 years /F DOB 03/10/2024

ED : 806 WARD : SAUN

Dr. Na. R : DR K. RAJMOHAN

Age: _____ Sex: _____ I.P. Number: _____

Ward: _____ Bed: _____ UHID: _____

Transfer to Hon. Doctor

From Date

Auth. by

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