

MEDICO-LEGAL REGISTER

(Your only defence in the Court of Law are your records – so they must be up-to-date)

Patient Identification

- Government ID: _____
 - MLC No.: _____
 - Indoor / OPD No.: _____
 - Patient Name: _____
 - Age: _____ Years Sex: Male Female Other
 - Identification Marks / LHTI of Patient:

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Examination Details

- Date of Examination: ____ / ____ / ____
 - Time: _____ AM PM
-

Brought / Referred By

- Name & Address:

 - Government ID of Relative: _____
 - Relationship: _____
 - Signature: _____
 - Time Brought In: _____ AM PM
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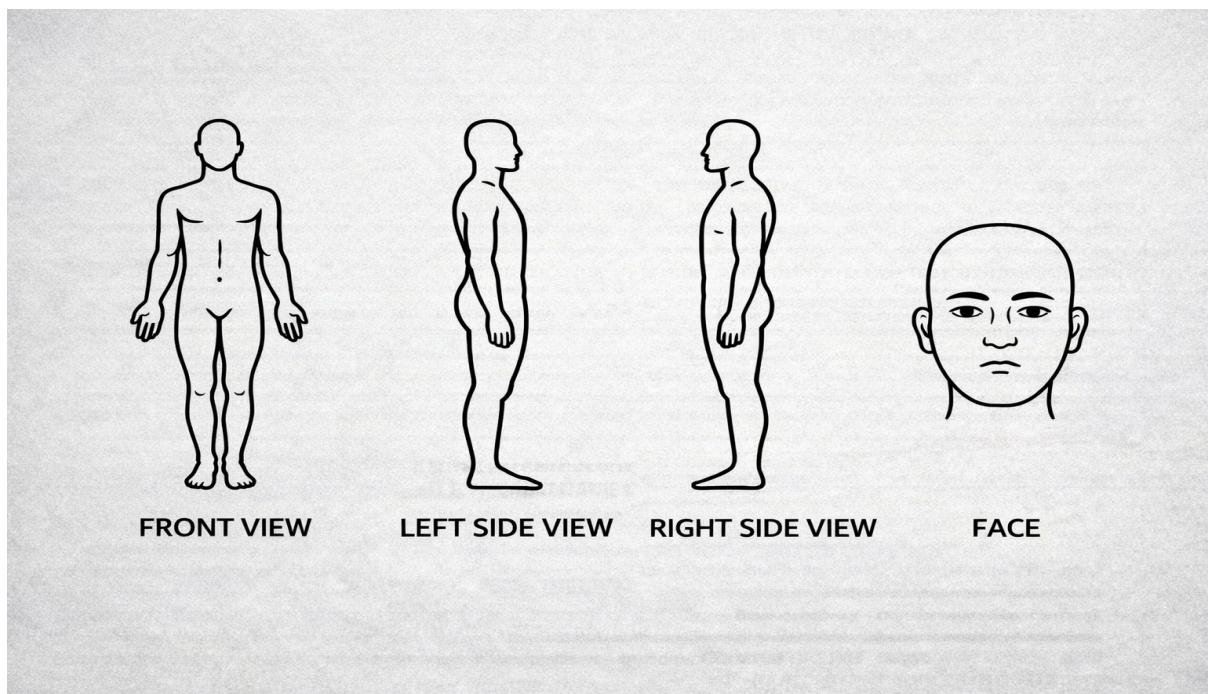
History & Alleged Cause of Injury

Condition on Arrival

Details of Injuries / Clinical Features

(Nature, Exact Situation, Dimensions, Fresh/Healed, Cause, Age of Injury)

SITE OF INJURY – BODY MARKING



Radiological Investigations

Summary of Treatment

Condition on Discharge & Diagnosis

Attended By Doctor(s)

- Name: _____
 - Signature: _____
 - Registration No.: _____
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Admission & Discharge Details

- Date of Admission: ____ / ____ / ____
 - IP No.: _____
 - Date of Discharge: ____ / ____ / ____
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Police Information on Admission

- Date & Time Informed: ____ / ____ / ____ ____ AM PM
 - Date & Time Arrived: ____ / ____ / ____ ____ AM PM
 - Police Station: _____
 - Constable Name: _____
 - Buckle No.: _____
 - Signature: _____
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Police Information on Discharge

- Date & Time Informed: ____ / ____ / ____ ____ AM PM
- Date & Time Arrived: ____ / ____ / ____ ____ AM PM
- Police Station: _____
- Constable Name: _____
- Buckle No.: _____
- Signature of Medical Officer: _____

- Name of M.O.: _____
 - Designation: _____
 - Registration No.: _____
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TO BE PRESERVED FOREVER
