



# DAYANAND MEDICAL COLLEGE & HOSPITAL LUDHIANA



## MEDICAL RECORD DEPARTMENT

REC. TIME \_\_\_\_\_

DISPATCH TIME \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_ TIME \_\_\_\_\_

To

FILE NO.
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The Medical Supdt.  
DMC & Hospital,  
Ludhiana

**Subject : Request For Supply of Photocopies of Investigation Reports / Death Summary / Dama Summary / Discharge Card / Refer Slip**

Sir,

I/My Patient Namely \_\_\_\_\_ (Relationship : \_\_\_\_\_) was admitted in your hospital vide Admission No. \_\_\_\_\_ & C.R. No. \_\_\_\_\_ Date of Admission \_\_\_\_\_ & Date of Discharge \_\_\_\_\_. The copy of the final bill/discharge card is attached herewith. Kindly supply me the photocopy of \_\_\_\_\_ for the purpose of \_\_\_\_\_

Thanking You

DOCUMENTS  
RECEIVED BY \_\_\_\_\_

Signature with relation

Yours Sincerely

REC. DATE \_\_\_\_\_ TIME \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone No. : \_\_\_\_\_