

FORM NO. 25

Form of daily case register

[TO BE MAINTAINED BY PRACTITIONERS OF ANY SYSTEM OF MEDICINE, I.E.,
PHYSICIANS,
SURGEONS, DENTISTS, PATHOLOGISTS, RADIOLOGISTS, VAIDS, HAKIMS, ETC.]

<i>Date</i>	<i>Sl No</i>	<i>Patient's name</i>	<i>Nature of professional services rendered, i.e., general consultation, surgery, injection, visit, etc.</i>	<i>Fees received</i>	<i>Date of receipt</i>
(1)	(2)	(3)	(4)	(5)	(6)