

PART D

System of Medicine

Clinic / Consulting Room

Tamil Nadu Clinical Establishment Regulation Act Registration no. :

Name of the Doctor : _____

Register of Patients

Date :

Serial No	Name of the Patient and address	Mo- bile No./ Con- tact No. if avail- able	Age	Sex	Provisional Diagnosis	Investigations if any	Final diagnosis	Treatment	Result Cured / Same condition / Referred / Expired	Additional information if any	Initial of the Med- ical officer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1.											
2.											
3.											
4.											

Note: If electronic records are maintained and / or existing registers capture this information, a monthly print outs / copy shall be taken authenticated by the Hospital authorities