



SRI RAMACHANDRA MEDICAL CENTRE Pending Summary Receiving Form

Patient Name :

HID :

Date of Admission:

Date of Discharge:

Consultant Name:

Ward:

Kindly collect your Discharge Summary on _____ (between 9 AM to 5 P.M)
from Medical Records Department (MRD), Second Floor (Between E & F Block lifts).

Handing over
Ward Secretary / Staff Nurse
Name & signature

Closed: Yes No
Date: **Time:**
Manager Sign:
Date: **Time:**

(IF ANY CLARIFICATION KINDLY CONTACT Tel: 45928500 EXT: 149)



SRI RAMACHANDRA MEDICAL CENTRE Courier Request Form

Patient Name :

HID :

Date of Admission:

Date of Discharge:

Consultant Name:

Ward:

I Prefer that the Discharge Summary is Couriered to my Residential Address
as given below.

ADDRESS:

Ward Secretary

Courier Received : Yes No
Confirmed by Phone
Date: **Time:**

Tel: