



AMRITA

CLINIC

Centre For Laparoscopic Surgery
26/27-G, Bhai Randhir Singh Nagar, Ludhiana.

Tel. : +91-161-4611218
Mobile : +91-98155-01218

PATIENT LABEL

OPD

Name:.....

Date:.....

UID No.:.....

New Patient

Add.....

Return Patient (Revision)

Why are you here?.....

Who Referred you to **Amrita Clinic**.....

Who is your primary care Doctor?.....

Your Cardiologist? (If any).....

Any Other Physicians?.....

Please List any Surgical Procedures or Hospitalizations :

PROCEDURE/HOSPITALIZATION	WHERE/WHEN	DOCTOR	PROBLEM

(Use Additional space at the end of this form if needed)

Present Medications (Please include prescription and/or over the counter medications)

MEDICATION	DOSAGE	MEDICATION	DOSAGE	MEDICATION	DOSAGE

Any Allergies to any Medications? _____ **NO** _____ **YES** please describe below what type of allergic reaction?

(Use Additional space at the end of this form if needed)