

V.O.CHIDAMBARANAR PORT TRUST  
MEDICAL DEPARTMENT  
DAILY RETURN

I. O.P. SECTION

Sl.No.	NAME OF THE DOCTOR	NO. OF CASES TREATED
<b>Total</b>		

II. INJECTION ROOM

No. of injection administered ..... Casualty ..... Total .....

III. DRESSING:

O.P. Dressing ..... Casualty ..... Total .....

IV. LABORATORY:

No. of tests done ..... Casualty ..... Total .....

V. X RAY

1. No. of X-Ray taken

2. No. of ECG taken ..... Casualty ..... Total .....

VI. PHYSIOTHERAPY

VII.

	Y.R	Pts. Ad	Tr.In	Tr.Out	Pts. Dis	Total No. of Patient
Male Ward						
Female Ward						
Maternity Ward						
Isolation Ward						
Post Surgical Ward						
ICCU						
Casua;ty						
TOTAL						

**VIII. OPERATION THEATRE**

No. of Operation done

IX. OUTSIDE TREATMENT: ..... I.P. O.P.  
No. of cases referred to other Hospital

X. NO. OF PRIVATE PATIENTS TREATED

XI. NO. OF EMPLOYEES EMERGENCY CASES TREATED

XII. NO. OF PRIVATE EMERGENCY CASES TREATED

XIII. NAME OF THE SPECIALIST

Sl.No.	Name of Specialist	No. of patients treated
1.		
2.		
3.		
4.		
5.		
6.		
7.		

XIV. EMERGENCY VISIT BY SPECIALISTS;

Sl.No.	Name of specialist	No. of patients treated
1.		
2.		
3.		
4.		
5.		

XV. TOTAL VALUE OF MEDICINE PURCHASED THROUGH IMPREST ACCOUNT

XVI. GENERAL ANYTHING IMPORTANT WORTH MENTIONING

MEDICAL OFFICER

Sr.Dy. CMO

CHIEF MEDICAL OFFICER