Daily OPD Register

Ayurvedic clinic / hospital out-patient department

Page no. _____

Clinic / Hospital: Doctor: Reg. No.: Date:

Sr.	Time	OPD No.	New / Old	Patient name & village / area	Age / Sex	Mobile	Chief complaint & duration	Diagnosis (Ayurvedic / modern)	Treatment / therapy advised	Fee / Rcpt no.	Follow-up date
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

Total patients: New: Old: Male: Female: Children: