

OPD - Indoor Patient Report

Name of PHC	
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Month	
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No	Name of Center	OPD							Indoor			Total Patient	
		New			Old			Total OPD	Male	Female	Total		
		Male	Female	Total	Male	Female	Total						
1	2	3	4	5	6	7	8	9	10	11	12	13	
1													
2													
3													
4													
5													
6													

MO Sign - Stamp