



**GOVERNMENT OF PAKISTAN  
PAKISTAN BAIT-UL-MAL**

HOSPITAL NAME. \_\_\_\_\_

**PROFORMA FOR POOR /DESERVING CANCER PATIENTS  
IN GOVERNMENT HOSPITALS.**

1. Patient name \_\_\_\_\_
2. Age & sex \_\_\_\_\_ 3. N.I. Card No. \_\_\_\_\_
4. Home address \_\_\_\_\_  
\_\_\_\_\_
5. File No. \_\_\_\_\_ 6. Indoor/Out door \_\_\_\_\_
7. Social status of patient \_\_\_\_\_
8. Diagnosis of Cancer \_\_\_\_\_
9. Stage of Cancer \_\_\_\_\_
10. Clinical prognosis \_\_\_\_\_
11. Cost effect benefit of disease \_\_\_\_\_
12. Statistical cure rate \_\_\_\_\_
13. Detail of chemotherapy drugs with dosage required for one cycle and cost should be as per institutional rebate rate:-
  - i) \_\_\_\_\_
  - ii) \_\_\_\_\_
  - iii) \_\_\_\_\_
  - iv) \_\_\_\_\_
  - v) \_\_\_\_\_
14. (i) Cost for one cycle Rs. \_\_\_\_\_ (ii) No. of cycles \_\_\_\_\_
15. Contribution from \_\_\_\_\_ hospital. Total Rs. \_\_\_\_\_
16. Detail of previous assistance from PBM (if any) \_\_\_\_\_
  - a. Case No. \_\_\_\_\_ b. Amount. \_\_\_\_\_

Note:- Checked and verified by following:-

Doctor \_\_\_\_\_  
Designation \_\_\_\_\_

Medical Social Officer

M.S/Administrator/Director

Consultant Oncologist

Signature/Thumb of the Patient

***For Medical Directorate (PBM) only:***

- i) Next Cycle due date. \_\_\_\_\_ ii) Case Status \_\_\_\_\_  
iii) Payment option:  Cycle  Full treatment