



GOVERNMENT OF PAKISTAN
PAKISTAN BAIT-UL-MAL

HOSPITAL NAME. _____

PROFORMA FOR PROVISION OF MEDICINE TO THE POOR/DESERVING PATIENTS IN GOVERNMENT HOSPITALS.

1. Patient name _____
2. Age & sex _____ 3. N.I. Card No. _____
4. Home address _____

5. Social status of the patient. _____
6. Hospital Ref. No _____ 7. Indoor/outdoor _____
8. Diagnosis _____
9. Brief clinical detail _____

10. Lab./radiology reports to support diagnosis _____
11. Clinical prognosis of the case _____
12. Detail of only non-available life-saving/essential medicine with dosages, duration & cost should be as per institutional rebate-rate to the Hospital. _____

13. (i) Monthly cost of treatment Rs. _____ (ii) Total cost of treatment Rs. _____
14. Contribution from Hospital Rs. _____
15. Medical assistance required from PBM 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

Signature/Thumb of the Patient

Consultant Physician