

FORM NO. 3C

[See rule 6F(3)]

Form of daily case register

[TO BE MAINTAINED BY PRACTITIONERS OF ANY SYSTEM OF MEDICINE, I.E., PHYSICIANS, SURGEONS,
DENTISTS, PATHOLOGISTS, RADIOLOGISTS, VAIDS, HAKIMS, ETC.]

| <i>Date</i> | <i>Sl. No.</i> | <i>Patient's name</i> | <i>Nature of professional services rendered, i.e., general consultation, surgery, injection, visit, etc.</i> | <i>Fees received</i> | <i>Date of receipt</i> |
|-------------|----------------|-----------------------|------------------------------------------------------------------------------------------------------------------|----------------------|------------------------|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> |
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