

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.]

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