



GOVERNMENT OF PAKISTAN
PAKISTAN BAIT-UL-MAL

HOSPITAL NAME. _____

**PROFORMA FOR ALL SURGICAL CASES OF POOR /DESERVING 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 _____
9. Brief clinical detail _____

10. Lab./radiology reports to support diagnosis _____
11. Clinical prognosis of the case _____
12. Cost effect benefit of disease _____
13. Any other associated disability _____
14. Scope of Rehabilitation _____
15. For joints replacement surgery, post operative X-rays showing insertion of implants would be send to PBM offices.
17. Detail of non-available life-saving essential medicine/ surgical disposables like implants, V-P shunts etc. with cost as per institutional rebate-rate to the hospital. _____

18. Monthly cost of treatment Rs. _____
19. Total cost of treatment Rs. _____
20. Contribution from hospital Rs. _____
21. Medical assistance required from PBM Rs. _____
22. Detail of previous assistance received from Pakistan Bait-ul-Mal (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 Surgeon