

Category

Doctor Nursing Home Hospital Diagnostic Centre Laboratory Chemist

If Nursing Home/Hospital, tick the facilities available

General Physician Specialist Super Specialist Laboratory
 Diagnostic Centre Chemist

If Specialist tick from the following

Hours*		Consulting Charges			Visiting	
		Normal	Emergency	Night	From	To
Medicine						
<input type="checkbox"/>	General Physician					
<input type="checkbox"/>	Cardiologist					
<input type="checkbox"/>	Endocrinologist					
<input type="checkbox"/>	Gastroentriologist					
<input type="checkbox"/>	Gynecologist & Obstetrician					
<input type="checkbox"/>	Pediatrics					
<input type="checkbox"/>	Psychiatric					
<input type="checkbox"/>	Oncologist					
<input type="checkbox"/>	Neurologist					
<input type="checkbox"/>	Nephrologist					
<input type="checkbox"/>	Dermatologist					
Surgeon						
<input type="checkbox"/>	General Surgeon					
<input type="checkbox"/>	ENT					
<input type="checkbox"/>	Ophthalmologist					
<input type="checkbox"/>	Urologist					
<input type="checkbox"/>	Gynecologist & Obstetrician					
<input type="checkbox"/>	Orthopedic					
<input type="checkbox"/>	Nuero Surgeon					
<input type="checkbox"/>	Cancer Surgeon					
<input type="checkbox"/>	Pediatric Surgeon					

*If time is different on different days, please specify.

If Diagnostic Center or Laboratory or Chemist Please Specify time

Ambulance Service Yes / No. No. of Beds _____

If Doctor/Nursing Home, please specify emergency 24 Hrs Yes / No

If No Specify Timings _____