



GOVERNMENT OF PAKISTAN
PAKISTAN BAIT-UL-MAL

HOSPITAL NAME. _____

PROFORMA FOR PROVISION OF ARTIFICIAL LIMBS/ CALLIPER TO POOR 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. Brief Clinical Detail with diagnosis of physical disability. _____

9. Any other associated disability _____
10. Nature of Amputation _____
11. Photograph showing disability _____
12. Detail specification of required orthotics, prosthetics/caliper _____

13. Clinical prognosis of the case _____
14. Scope of rehabilitation _____
15. Cost of required non-available/essential orthotics, Prosthetics/caliper with local material only _____
16. Contribution from Hospital _____
17. Medical assistance required from PBM Rs. _____
18. Detail of Previous assistance received from PBM Rs. _____
(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
Physical Medicine Specialist