

BREACH CANDY HOSPITAL TRUST

60-A, Bhulabhai Desai Road, Mumbai - 400 026.

APPLICATION FOR INDOOR CASE PAPER

Date : _____

ICP Receipt No. REC/ _____

Amount paid Rs.: _____

Number of Copies Required : _____

Courier Required* : Yes / No

Address if Courier is Requested -

To,
The Medical Director
Breach Candy Hospital Trust,
60-A, Bhulabhai Desai Road,
Mumbai - 400 026.

Pincode : _____

Respected Madam / Sir,

I request you to kindly issue me a photocopy of INDOOR CASE PAPERS of my admission for the Purpose of _____

Following are the Details

Name of Patient	Age :	
Admission No.	IP	
Date of Admission	Date of Discharge :	Ward / Unit :
BH No.	BCH.....	

(Please fill : In case of the Person Collecting Documents is not a Patient)

I hereby Authorize Mr. / Mrs. / Ms. _____ (Whose Photo I.D copy is attached) to collect a copy of Indoor Case papers on my behalf.

Thank you,

Signature of Patient : _____

Name of Patient : _____ Mobile No. : _____

Relation with Patient : Self / Husband / Wife / Son / Daughter / Father / Mother / Other _____

(Photo ID copy of the Patient + Photo ID copy of the Authorized Person where applicable)

* I understand that the delivery of documents by courier is subject to availability of the service. I will not hold the staff or hospital responsible for any delay or loss of documents during the transit by courier.

Please retain this counterfoil for your information

a) Please collect Indoor Case Papers from the following address :

*** Medical Record Department**

Mahalaxmi Chambers, 5th floor, Near Swami Narayan Temple, Opp. Tirupati Apts.,
Above Union Bank, Mahalaxmi, Mumbai - 400026.

Phone : **022-23557322 (8.30 am to 5 pm Monday to Friday 8.30 am to 12 pm Saturday)**

Email ID : **mrd@breachcandyhospital.org**

Please show Original Payment receipt at the time of collection of Documents.

b) The Charges are as follows :

- 1 set of Indoor Case Papers - **Rs. 170[#]**
- Courier of 1 set of Indoor Case Papers - **Rs. 220 (170 + 50)**

c) Mandatory documents for collection of records :

- Photo ID copy of the Patient + Photo ID copy of the Authorized Person where applicable (if not Submitted at the time of Application)

d) **You can also pay online through Website :**

www.breachcandyhospital.org [Online Service, Online Payment for Outpatient Services, (enter BCH number), Services-Indoor Case Papers]

The charges are subject to revision without prior intimation.

BCHT/ICP/2/07-21