

**All India Institute of Medical Sciences, Bhubaneswar**

**अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर**

**Sijua, PO: Dumuduma, Bhubaneswar - 751 019**

[www.aiimsbhubaneswar.edu.in](http://www.aiimsbhubaneswar.edu.in/)

**HOSPITAL ESTIMATE FORM**

|  |
| --- |
| Name of Patient : Age/Sex : Years (Male/Female) :Father/Husband’s Name : Vill :PO : District: State:Phone Number: Email:OPD/IPD Registration Number(CR No) : Dated : Provisional Diagnosis: |
| **Ser No** | **Expenditure Heads** | **Approximate Cost** |
| 1. | Medicines and consumables |  |
| 2. | Planned Surgery/intervention |  |
| 3. | Diagnostic modalities (CT Scan/MRI/ endoscopy etc.) |  |
| 4. | Implants/prosthesis etc. |  |
| 5. | Any other |  |
| Total Rs (Rupees only) |  |

Signature of the Patient:

Signature of the Physician:

Signature Name:

Designation:

Department: Medical Superintendent

Medical Registration Number: