

**APPENDIX – 3**

**FORMAT FOR MEDICAL RECORD**

(see regulation 3.1)

Name of the patient :

Age :

Sex :

Address :

Occupation :

Date of 1<sup>st</sup> visit :

Clinical note (summary) of the case:

Prov. : Diagnosis :

Investigations advised with reports:

Diagnosis after investigation:

Advice :

**Follow up**

Date:

Observations:

Signature in full .....

Name of Treating Physician