



UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES

Saifai, Etawah - 206 130 (U.P.)

TREATMENT ESTIMATE FORM

Date.....

TO Whom It May Concern

This is to certify that.....

S/o./D/o./W/o. Sri.....Age.....CR No

is suffering from.....The total expenditure

will be approximately Rs.....including Bed, Operation

Investigation and Hospitalization Charges. This I, an approximate estimate only. However,

the actual expenditure will vary according to the patient's condition and course of

treatment in the hospital.

- | | |
|----------------------------------|---------|
| 1. Bed Charges and Ward Medicine | Rs..... |
| 2. Operation | Rs..... |
| 3. Investigation | Rs..... |
| 4. Instruments | Rs..... |

Total Rs.....

Senior Resident

Signature of Consultant