

**FORM NO. 25**  
**[See rule 46(6)(i)]**

**Form of daily case register**

[To be maintained by practitioners of any system of medicine, i.e., physicians, surgeons, dentists, pathologists, radiologists, v aids, hakims, etc.]

<i>Date</i>	<i>Sl. No</i>	<i>Patient's name</i>	<i>Nature of professional services rendered, e.g.-, general consultation, surgery, injection, visit, etc.</i>	<i>Fees received</i>	<i>Date of receipt</i>
(1)	(2)	(3)	(4)	(5)	(6)