FORM NO. 3C

[*See* rule 6F(3)]

Form of daily case register

[TO BE MAINTAINED BY PRACTITIONERS OF ANY SYSTEM OF MEDICINE, I.E., PHYSICIANS, SURGEONS, DENTISTS, PATHOLOGISTS, RADIOLOGISTS, VAIDS, HAKIMS, ETC.]

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