



KRISHNA

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नर्सिंग होम

NURSING HOME

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FRACTURE, ACCIDENT, SURGICAL & MATERNITY HOSPITAL

Main Road, Near Bus Stand, Saoner, Saoner, Ph. No. : 07113-689696 M.: 9766090670

To,
The Investigating Office
Police Station

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Reference : Your Letter No.

Dated 18/6/18

Sir,

I am forwarding herewith the report of the injuries sustained by
Shri Pundlik Raghoban Wadbudhe After careful personal examination
done by me on 17/6/18 at 1. P.M.

Consents : By Son

Signature / Left Hand thumb impression
of the injured

Identification marks

- 1) mole over nose @ side
- 2)

Observations :

Nature of injury	Location on body	Type	Kind of weapon used or mode Of injury	Age of Injury	Remarks
<u>Blunt</u>	<u>left leg</u>	<u>Blunt</u>	<u>Blunt</u>	<u>Fresh</u>	<u>x-ray Shows fracture Tibia mid shaft. Right.</u>

Date : 18/6/18

Place : Saoner.

Signature and designation of doctor

Dr. A. J. S. MONDHE Seal

M.B.B.S. D-ORTHO (MUMBAI)

Consultant Ortho Paedic Surgeon

Reg. No. 2003/33/545

Note :- Not for medicolegal purpose



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MLC No.
To,
The PSI
Saoner Police Station,
Nagpur (MS)

Respected Sir,

This for your information and necessary action that the below described patient is admitted at my hospital on 17/6/18 at 1.PM

M.L.C. Information

Name of the Patient in full Pundlik Raghoba Wadbudhe
Age 70 Yrs. Sex : Male/ Female Male
Address At Telipura, Saoner.
Th. Saoner, Dist Nagpur.
I.P. No. 18/06005 O.P. No. - B.No. -
Name & Address of the person admitting Patient / Police His Son

Date of Admission : 17/6/18 Date of Discharge -Identification marks Mole over nose @ sideConsultant Name : Dr. Jay MondheBrief History : H/O R.T.AProvisional Diagnosis : Fracture Tibia RightInjury Report : Issued

Dr. AJAY G. MONDHE
Signature of Doctor with Stamp
Consultant Ortho Paedic Surgeon
Reg. No. 2003/03/645

Note :- Not for medicolegal purpose