

DEPARTMENT OF MEDICAL RECORDS

JIPMER HOSPITAL, PUDUCHERRY -06

REQUISITION FOR IP RECORDS BY USING EMR

Sl.no :

Date:

Details of the person requesting for the username & password :

Name of the Doctor :

Designation :

Speciality or Department :

E-Mail ID :

Signature :

Signature of the HOD :

Mobile/contact no :

(For office use only)

Allotted Username :

Signature of the issuing Authority with date :