To

President

CAN & WILL Foundation

3019, Phase 7, Sector 61

Mohali - 160062

**Subject: Case summary under mediCATe Project of CAN & WILL Foundation**

C&W File No\_\_\_\_\_\_\_\_\_/20\_\_\_\_

(filled by C&W Team)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Name** : ………………………………………………………………………………

**Age :** ……………….. **Sex :** Male/Female

**Dept.Ref.No. :**…………………………….**Patient ID No.** ….........................................

**Case summary of the above mentioned patient is as following: -**

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**Benefits of this treatment to the patient are as following: -**

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...…………………………………………………………………………………………..….

**Patient has been/will be discharged on:** ………………………………

For

……………………………………………………………

……………………………………………………………

 (Name & Addressof the Hospital)