OPD Register

Clinic name: _____ Branch / Doctor: _____ Month / Year: _____ Page no.: _____

No.	Date	OPD / Reg. no.	Patient name	Age / Sex	Phone and address	Presenting complaint	Provisional diagnosis	Treatment / advice	Follow-up date	Doctor
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										

Notes: Keep each register page numbered and signed at the end of the day. Store patient records securely and share them only as the law allows. Adapt column headings to your specialty (for example add 'Tooth no.' for dental, or 'Session no.' for physiotherapy).

Template from the Clinic Resource Hub by ClinicManagerPro (clinicmanagerpro.com/clinic-resources/). General guidance, not legal or medical advice.