

**Dept of Obstetrics & Gynaecology,
All India Institute of Medical Sciences, Patna, Bihar**

Final Report on Still Born Foetus

- i **Reference Letter/Requisition No:** _____ **Dated:** _____
- ii **Name of the Consultant In Charge:** _____
- iii **Mother's CR No:** _____
- iv **Details of the parents:**

Name of the Father:	Age:
Name of the Mother:	Age:
Address:	
Contact Number:	
Email ID:	

CLINICAL INFORMATION /RELEVANT HISTORY:

OBSERVATIONS:

1. SEX OF FOETUS:
2. APPARENT GESTATION:
3. ADEQUACY OF GROWTH AND DEVELOPMENT:
4. CONGENITAL ABNORMALITIES:
5. MAJOR PATHOLOGICAL LESIONS:
6. EVIDENCE OF CHRONIC DISEASE:
7. ANY OTHER:

PROBABLE CAUSE OF FOETAL LOSS:

Signature of the Consultant In Charge

Date:

Name & Stamp of the Consultant In Charge