

DMISSION INTIMATION

Date:

Name of the Patient:

HID No: Gender: ale emale

Departing Doctor:

Referred by Doctor:

Admit in : ICU ICU Ward OT
 ncology ay Care Birthing Centre

Admission Type : OPD Emergency
 Transport New Born eferral
 Labour Ward

Surgica Cradery : Phototherapy entilation

Plan of Treatment :

Duration of Hospitalization :

Doctor Signature :

Type of Payment :

Place of Origin:

Admitting Executive:

Signature: Signature:

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Type of Payment :

Place of Origin:

Name & Relationship:

Signature: Signature:

Date & Time: Date & Time:

Date & Time: Date & Time: