

ADMISSION CARD

PLEASE USE CAPITAL LETTERS AND COMPLETE ALL OPTIONS

HN : H.....AN : LCH :DOA.....Time.....

Consultant..... Admit Doctor.....

Transfer to.....Date

Patient.....Age.....Gen.....

Father's / Husband's Name.....

Mother's Name.....

Spouse's Name.....

Address.....

.....

.....Phone no.....

Contact address.....

.....

.....Phone no.....

Referring MD.....

Address.....

.....

.....Phone no.....

Registered by (Name).....ID.....

.....
Signature

Final Diagnoses.....

.....

.....

Date Of Discharge.....

.....
Name of the Doctor Checked

.....
Signature