EVEN HOSPITALS

Race Course Road, Bangalore 560001

ADMISSION SLIP

Patient Name:	Yamuna Y	**Age / Sex:**	38 / Female
UHID:	UHID-354573	**Surgical Specialty:**	General Surgeon
Admitting Consultant:	Dr Poornima		
Date of Admission:	17-Jun-2026 (arrive by 07:00)		
Clinical Indication:	C/O Painful defecation noted since 1 week C/O Swelling noted which is seen on defecation since 2 weeks		
Proposed Procedure:	EUA + Laser Lateral internal sphincterotomy + Laser Hemorrhoidopexy		
Expected LOS (Days):	24 Hrs	**Admission To:**	Ward

CONSENT STATEMENT

I have been explained (in language that I understand) about the diagnosis, need of admission, proposed line of management & possible outcome including risks & complications. I hereby give my consent for admission.

Doctor		**Patient / Attender**	
Name:	Dr Poornima	**Name:**	_____
Signature:	_____	**Signature:**	_____
Date:	_____	**Relationship:**	_____
Time:	_____	**Date / Time:**	_____