

EVEN HOSPITALS

Race Course Road, Bangalore 560001

ADMISSION SLIP

Patient Name:	Gourav jain	Age / Sex:	22 / Male
UHID:	359562	Surgical Specialty:	ENT
Admitting Consultant:	Please refer to the prescription		
Date of Admission:	16-Jun-2026 (arrive by 06:30)		
Clinical Indication:	Please refer to prescription		
Proposed Procedure:	Please refer to the prescription		
Expected LOS (Days):	As per Dr	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

Name: Please refer to the prescription

Signature: _____

Date: _____

Time: _____

Patient / Attender

Name: _____

Signature: _____

Relationship: _____

Date / Time: _____