EVEN HOSPITALS

Race Course Road, Bangalore 560001

ADMISSION SLIP

Patient Name:	Deepak malli	**Age / Sex:**	16 / Male
UHID:	365173	**Surgical Specialty:**	Orthopedic surgeon
Admitting Consultant:	Dr Avinash		
Date of Admission:	25-Jun-2026 (arrive by 06:00)		
Clinical Indication:	ORIF		
Proposed Procedure:	ORIF		
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		**Patient / Attender**	
Name:	Dr Avinash	**Name:**	_____
Signature:	_____	**Signature:**	_____
Date:	_____	**Relationship:**	_____
Time:	_____	**Date / Time:**	_____