EVEN HOSPITALS

Race Course Road, Bangalore 560001

ADMISSION SLIP

Patient Name:	Anandam	**Age / Sex:**	43 / Male
UHID:	Contact Number:	**Surgical Specialty:**	
Admitting Consultant:	Dr Anil Mehta		
Date of Admission:	01-May-2026 (arrive by 07:00)		
Clinical Indication:			
Proposed Procedure:	"EUA PLUS PROCEDURE PLUS FISTULECTOMY, IND, DEBRIDMENT PLUS MINUS SETON PLACEMENT"		
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 Anil Mehta	**Name:**	_____
Signature:	_____	**Signature:**	_____
Date:	_____	**Relationship:**	_____
Time:	_____	**Date / Time:**	_____