EVEN HOSPITALS

Race Course Road, Bangalore 560001

ADMISSION SLIP

Patient Name:	Vijayendra Yadav	**Age / Sex:**	18 / Male
UHID:	UHID-184684	**Surgical Specialty:**	Ortho
Admitting Consultant:	Dr Manoj Kumar S		
Date of Admission:	02-Jun-2026 (arrive by 12:00)		
Clinical Indication:	A/H/O SELF FALL FROM BIKE (PILLON RIDER) YESTERDAY 5:30PM AT NANDHINI LAYOUT C/O PAIN AND SWELLING IN RIGHT HAND SINCE YESTERDAY 5:30 PM		
Proposed Procedure:	CRIF WITH K WIRING		
Expected LOS (Days):	24hrs	**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 Manoj Kumar S	**Name:**	_____
Signature:	_____	**Signature:**	_____
Date:	_____	**Relationship:**	_____
Time:	_____	**Date / Time:**	_____