

EVEN HOSPITALS

Race Course Road, Bangalore 560001

ADMISSION SLIP

Patient Name:	Rajesh	Age / Sex:	37 / Male
UHID:	UHID-366019	Surgical Specialty:	vascular
Admitting Consultant:	Dr. Chandrashekarareddy S A		
Date of Admission:	26-Jun-2026 (arrive by 19:00)		
Clinical Indication:	Indication for surgery		
Proposed Procedure:	varicose vein		
Expected LOS (Days):	2	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: Dr. Chandrashekarareddy S A

Signature: _____

Date: _____

Time: _____

Patient / Attender

Name: _____

Signature: _____

Relationship: _____

Date / Time: _____