EVEN HOSPITALS

Race Course Road, Bangalore 560001

ADMISSION SLIP

Patient Name:	ABC	**Age / Sex:**	25 / Female
UHID:	9876	**Surgical Specialty:**	SG
Admitting Consultant:	DrX		
Date of Admission:	29-Apr-2026 (arrive by 17:00)		
Clinical Indication:			
Proposed Procedure:	LaP Cho		
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		**Patient / Attender**	
Name:	DrX	**Name:**	_____
Signature:	_____	**Signature:**	_____
Date:	_____	**Relationship:**	_____
Time:	_____	**Date / Time:**	_____