

EVEN HOSPITALS

Race Course Road, Bangalore 560001

ADMISSION SLIP

Patient Name:	Joseph d souza	Age / Sex:	56 / Male
UHID:	359744	Surgical Specialty:	Hair transplant
Admitting Consultant:	Dr Vivekanand bhat		
Date of Admission:	16-Jun-2026 (arrive by 07:00)		
Clinical Indication:	Hair transplant		
Proposed Procedure:	Hair transplant		
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

Name: Dr Vivekanand bhat

Signature: _____

Date: _____

Time: _____

Patient / Attender

Name: _____

Signature: _____

Relationship: _____

Date / Time: _____