

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023370

Admit Date : 24-Jun-2026

Admit Time : 11:51 AM UHID : HCV-00041023

Patient Details :

Patient Name : Baby PRIYA

Age : 3 Y 0 M 26 D

Guardian : Mr SURYA RAO

DOB : 29-05-2023

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : Rajam Srikakulam Andhra Pradesh INDIA  
532127

Phone No : 7036224548

E-mail : no@gmail.com

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 330

Ward Name : 3F-THIRD FLOOR

Room No : GW 330

Admission Type : First Visit

Contact Details :

Name : Mr SURYA RAO

Relationship : Baby/O

Contact Address : Rajam Srikakulam Andhra Pradesh INDIA  
532127

Phone No :

*G. Kusuma*  
Signature

Doctor Details :

Doctor Name : Dr. SHASHWAT MOHANTY

Specialisation : GENERAL PEDIATRICS

Referral Doctor : DR V NAGESH

Phone No : 9618812659

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

**ACTIVITY RECORD FOR BILLING**

Name: ..... HCV-00041023 IP22-00023370  
 UHID No : ..... I Baby PRIYA 29-05-2023 3 Y 0 M 26 D (F) ultant : ..... Dept: .....  
 Date of Admission : ..... Dr. SHASHWAT MOHANTY ..... Date of Discharge: ..... Time: .....  
 Room / Bed No : ..... Suggested Billable bed type: .....

**WARD TRANSFERS**

Date	Time	From	335 To	Signature of Nurse
24/6/26	12:30pm	ER	13:30pm	Arun
24/6/26	3pm	335	PICU	Kalyani
24/6/26	7:15PM	PICU	8:00 then 335	ca

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Dr. Mohan	25/6/26	91124	Kalyani
2.	Dr. Sandhya	25/6/26	1204	Kalyani
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by  
Kalyani









**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name : \_\_\_\_\_ HCV-00041023 IP22-00023370  
Baby PRIYA  
29-05-2023 3 Y 0 M 26 D (F)  
Dr. SHASHWAT MOHANTY

UHID ID : \_\_\_\_\_  \_\_\_\_\_

Department : \_\_\_\_\_

Consultant : \_\_\_\_\_

HCV-00041023

IP22-00023370

Baby PRIYA

29-05-2023

3 Y 0 M 26 D

(F)

Dr. SHASHWAT MOHANTY



Padiatric Multiorgan History & Physical Examination

Name : G. Priya Age/Sex 3y/f

Information given by: \_\_\_\_\_ Reliability \_\_\_\_\_

Chief Presenting Complaints & Duration ( Chronologically):

• clo fever x 9 days.

History of present illness:

child was apparently normal 9 days back, was presented with

• clo fever, high grade, intermittent in nature nor any chill & rigors relieved by paracetamol x 9 days

• clo vomiting (2 episodes), non-bilious, non-bloody, non-mucoid. x 9 days

↓  
admitted in med by hospital taken I.V antibiotics  
↓  
• sup. meropenem 200mg.  
• sup. doxycycline 50mg.  
↓  
discharged on oral medication

• refer in view of thrombocytopenia.  
• NO UO rash.  
• NO Clo Abdomen pain

outside: USG Abdomen: 22/6/26.  
Normal.

platelets count → 36,000 / → 23,000  
↓ ↓  
15/6/26 22/6/26

CUE → normal

HCV-00041023 IP22-00023370  
 Baby PRIYA 3 Y 0 M 26 D (F)  
 29-05-2023  
 Dr. SHASHWAT MOHANTY

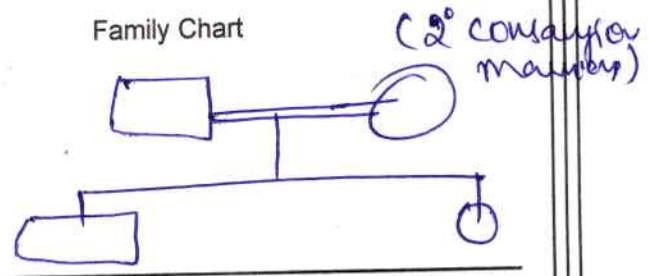
**Past History :** (Including details of any previous investigation or treatment)

NO similar complaints in past

**Birth & Neonatal History:**

LSCS / TERM / Cried immediately after birth

**Family Chart**



**Birth & Socio Economic History:**

About Father: \_\_\_\_\_  
 About Mother: \_\_\_\_\_  
 Any additional information: \_\_\_\_\_

**Developmental History:**

attained upto age

**Immunization History:**

Vaccinated upto the age

**Anthropometry:**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms) \_\_\_\_\_ (Centile \_\_\_\_\_)  
 Weight (kgs) 11.30 kg (Centile \_\_\_\_\_)

**On Examination:**

Temperature: 98.2°F Pulse Rate: 85/min B.P. \_\_\_\_\_ SPO2 98% on RA.

Resp. rate and type of breathing :  
 RR → 24/min

Rash \_\_\_\_\_  
 Lymphadenopathy \_\_\_\_\_  
 Oedema: \_\_\_\_\_  
 Allergies (if any): \_\_\_\_\_

} NGL

HCV-00041023 IP22-00023370

Baby PRIYA

29-05-2023 3 Y 0 M 26 D (F)

Dr. SHABHWAT MOHANTY



**Respiratory System:**

Inspection (any s/o distress): \_\_\_\_\_

Air entry & breath sound : \_\_\_\_\_

Any Addees sounds : \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

} BU AE ⊕, clear

**Cardiovascular System:**

Inspection of procordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur: \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) \_\_\_\_\_

} S1 S2 ⊕

**Per Abdomen:**

Inspection : \_\_\_\_\_

Palpation : \_\_\_\_\_

Auscultation : \_\_\_\_\_

Spine : \_\_\_\_\_

External Genitalia : \_\_\_\_\_

Relevant data from outside (CT.USE.etc.,) \_\_\_\_\_

} soft, non-tender, no hepato splenomegaly

**Central Nervous System:**

Level of Consciousness : AVPU / GCS Score: \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

conscious, alert

**Motor System:**

Nutrition : \_\_\_\_\_

Tone: \_\_\_\_\_

Power \_\_\_\_\_

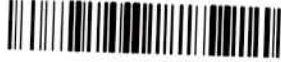
Co-ordinator : \_\_\_\_\_

Posture: \_\_\_\_\_

Involuntary Movements: \_\_\_\_\_

} ⊕

HCV-00041023 IP22-00023370  
Baby PRIYA  
29-05-2023 3 Y 0 M 26 D (F)  
Dr. SHASHWAT MOHANTY



**Reflexes:**

DTR

(N)

Plantars

(N)

Superficials:

(N)

Bladder / Bowel:

(N)

Clinical Summary & Diagnostic:

Acute febrile illness ± thrombocytopenia

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment:

Desired goals of the of the treatment:

**Planned Labs:**

CBC

CRP

ESR

PT/APTT/INR

Bone marrow aspirate/smear

**Planned Management:**

h-efhropans

Doc - 2/3rd fluids

Signature of the Doctor:

Name of the Doctor:

Balaji

Date & Time:

24/6/26

Signature of the Consultant:

Name of the Consultant:

Dmanjy

Date & Time:

24/6/26 12pm

Patient Sticker

# DISCHARGE PLANNING FORM

**Note: \* To be completed by a Doctor within (24) hours of admission**

1. Anticipated Date of Discharge : \_\_\_\_\_

2. Destination Post Discharge :  Home  
Family Members Notified (Person Contacted \_\_\_\_\_)

Transfer  
Hospital Facility Notified (Person Contacted \_\_\_\_\_)

3. Discharge Status:  Self Care  Family Home Care  Home Professional Assistance

<input type="checkbox"/> Needs Assistance In:		Remarks
<input type="checkbox"/> Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....

4. Nutritional Plan:  
 Dietary Instruction Discussed with the:  
 Patient  Family Member  Other:.....

5. Discharge Planning Discussed with the:  
 Patient  Family Member  Other:.....

6. Patient / Family Education Plan:  
 Education Topic /s :.....  
 Patient's Educational Topic/s discussed with the:  
 Patient  Family Member  Other:.....

Doctor Signature: \_\_\_\_\_

Name of the Doctor : \_\_\_\_\_

Date & Time : \_\_\_\_\_

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Ref No : F / HW / PGN / INPR / 15

HCV-00041023

IP22-00023370

Baby PRIYA

Pa 29-05-2023 3 Y 0 M 26 D (F) ...

Dr. SHASHWAT MOHANTY

Ag



I.P.

IF

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/6/23	3:40pm	Bone Marrow Aspirate & Biopsy
		After taking written consent, under strict aseptic conditions, <del>child</del> Bone Marrow Aspirate & Biopsy was done on (R) PSU under strict sterile conditions under short sedation. Child stable throughout procedure.
		Pre - procedure vitals
	HR - 100bpm	Send sample for BMA analysis & Biopsy
	SpO2 - 99%	
	Rr - 24/min	
	BP - 100/70	
		Post procedure vitals
	HR - 100bpm	
	SpO2 - 99%	
	Rr - 22/min	
	BP - 100/72	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/26  
5pm

C/S/B Dr Sharvet / Dr Sree

Δ = - Acute febrile illness  
- Thrombocytopenia

f - On feeds @ 25ml/hr  
- on oral feed good.

plt = 70,000

R - Nodules  
Roemer

I - on 4i ceftriaxone

C - HR - 90/min

A - P/A - soft  
BS (+)  
urine output - good.  
Stool - passed.

N - Alert B/L pupil - RT

Dr Sree

⑤ LDH  
Uric acid } Same  
Sample.

Plan

- 1) Continue IV fluids 2/3 rd main
- 2) Cont 4i Ceftriaxone
- 2) monitor vitals
- 4) Trace BM aspirates/ biopsy

Dr Sree

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Def No. E / LW / DCN / INDD / 15

ICV-00041023

IP22-00023370

Baby PRIYA

Pa 9-05-2023

3 Y 0 M 26 D

(F)

Dr. SHASHWAT MOHANTY

Ag



IF

I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26		SIB. Dr. SM / Dr. Yash
	8AM	
		Acute Febrile illness with Thrombocytopenia
		- No Fever Spike
		- No cough, No vomit
		- No Bleeding manifestation
		- No Rash
		- <del>No</del> oral intake - good, Tolerating feeds orally
		O/E - Active
		R/S - Clear
		C/S - No Murmur
		P/A - soft, Non Tender, BS (+)
		Urine output - good
		Stool - Not passed Today
		Pulse - good
		<u>Adm</u>
		- GRW usage orally
		- Cont. 2g-lef A mixture - D2.
		- (+) BM Report.
		• CBE - Today.
		<i>[Signature]</i>
		Dr. YASH

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

2516126  
SPM

SIB-D1-SM (Dr. Yash)

Acute Febrile illness  
with Thrombocytopenia  
(Immune Thrombocytopenia)

- No Fever ~~Spikes~~
- No cough, No vomit
- No Bleeding Manifestation
- No Rash

O/E - Active

PLS - Clear

PIA - Soft, BS (+)

Pulse - good

Adm

- CBC after 5 days  
(Dr. Sandhya advice)
- Cont. Zin-wit 5ml
- Plan O/C + IM
- ~~Syn-calcimax~~
- > Syn. Bandy-plus  
10ml Start dose
- > Syn. calcimax P  
5ml O.D x 2 (M)
- > Syn. Zin-wit 5ml  
O.D x 2 (M)

  
Dr. Yash

Noted by Kalyani

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00041023

IP22-00023370

Patient Baby PRIYA

29-05-2023

3 Y 0 M 27 D

(F)

Age

Dr. SHASHWAT MOHANTY

I.P. N



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/23	8am	C/S/B Dr Shashwat / Dr Sreenivas
		D = Immune Thrombocytopenia
		No fever.
		No y/h
		No tachycardia over body.
		No bloody mepitration
		<u>o/e</u>
		Alert.
		RS - B/LAE (+)
		P/A - soft, BS (+)
		Hemodynamically - stable.
		<u>Plan:</u>
		1) CBC after 24h
		↳ Wednesday
		2) Cont of up/monitor
		3) plan - D/c body
		<i>for progress</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS











### CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Baby priya  
Gender : M  F  IP No. : 23370  
Age : 3y Department : PLCU  
Date : 24/6/26

I, G. Kusuma SD/W/O Soraja Rao  
hereby consent for the procedure of Bone marrow aspiration &

Biopsy

For my patient / myself named Priya UHID NO. HW-00241023

The doctor have clearly explained to me in language known to me about the following possible complications of the procedure : Bleed, thrombo

The doctor have explained to me about the alternative to the procedures as :

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : fy morazone

fy ketamine

I have been explained about possible complication of sedation such as : fall in blood pressure ✓

Fall in heart rate ✓, suppression of spontaneous breathing . Others.....

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure : Dr. Aditya G

Name of the Doctor administering the sedation : Dr. Subashwari

**Patient Attendant :**

Signature : G. Kusuma

Name : G. Kusuma

Relationship with Patient : Mother

Date & Time : 24/6/2026, 3:30pm

**Doctor (who is taking the consent) :**

Signature : [Signature]

Name : Dr. Aditya

Date & Time : 24/6/2026 3:30pm

**Witness :**

Signature : .....

Name : .....

Date & Time : .....

**ప్రత్యేక విధానాలకు మరియు ఇచ్చటకు అంగీకార పత్రం**



పేషెంట్ పేరు : .....  
 లింగం : పు  స్త్రీ  .....  
 ఐ.డి. నెం. ....  
 వయస్సు.....డిపార్ట్‌మెంట్.....  
 తేది : .....

నేను : .....S/D/W/O.....

నేను/నా బాలుడు/బాలిక .....ఐ.డి.నెం.....

జరుగు.....అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా : .....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని  గుండె రేటు తగ్గుట  సహజ శ్వాస తగ్గుట  ఇతర కారణాలు : .....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు : .....

మత్తు ఇచ్చు డాక్టరు పేరు : .....

**సహాయకుడు :**

**సాక్షి :**

సంతకము : .....

సంతకము : .....

పేరు : .....

పేరు : .....

తేది మరియు సంతకము : .....

తేది మరియు సంతకము : .....

**డాక్టర్:**

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

**PROCEDURE / SEDATION MONITORING FORM**

Ref. No. : F / HW / PSMF / 09

Doctor Performing Procedure : .....  
..... *Dr. Aditya* .....  
Doctor Giving Sedation : *DR. H.A.K.I.H.*  
Assisting Nurse : *S.S.R.A.V.A.L?*

Patient Name : *Baby Pritya* Age : *3y* Gender : *Female*  
IP No. : *33370* Procedure Name : *BACKWASHING*  
Date : *24.6.2016* In-time : *3.30 P.M.* Out-time : *4.17 P.M.*

**SIGN IN**

Yes No

NPO Status Checked from Patient/ Patient Attendant

Consent Checked

Any need for blood products

If Yes Comment: .....

Any risk of difficult airway

If Yes, comment: .....

Any risk of hemodynamic compromise

If Yes, comment: .....

Any drug or food allergy

If Yes, comment: .....

Correct site of procedure marked

Sign: .....

Doctor performing sedation (To be filled by Doctor)

**TIME OUT**

Yes No

Patient identity confirmed

Any risk during procedure discussed

All the team members introduced

Sign: *R. Ravi*

Assisting Nurse (To be filled by Nurse)

**SIGN OUT**

Yes No

Patient monitored after the procedure

Labelling of the specimen

Any special instruction by doctor

Sign: *Dr. Pritya*

Doctor Performing Procedure (To be filled by Doctor)

**Any Adverse / Unexpected Events**

.....

.....

.....

PROCEDURE MONITORING FORM

Time (in min)	HR	SP <sub>O</sub> <sub>2</sub>	BP	Intervention Required
0 - 5	135	96%	114/72 (82)	—
5 - 10	137	98%	—	—
10 - 15	140	96%	120/82 (89)	—
15 - 20	111	97%	—	—
20 - 25	107	96%	—	—
25 - 30				
30 - 35				
35 - 40				
40 - 45				

Post Procedure Monitoring Notes : .....

Signature of the Doctor



Signature of the Nurse



**CLEARANCE FOR SURGERIES / PROCEDURE**

DATE: 24/6/26

DEPARTMENT: Ward (335)

NAME: Baby . priya

UHID / I.P.NO.: 23370 - 41023

WARD / BED NO.: 335

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

Bone marrow Aspiration  
Biopsy - PICU

ESTIMATION OF THE COST OF THE SURGERY

10,000/- (approx procedure only)

ADVANCE AMOUNT PAID:

10,000/-

DATE:

24/6/2026

RECEIPT NO:

CLEARANCE GIVEN BY:  
NAME OF THE BILLING EXECUTIVE:



SIGNATURE:

# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Bahy - priya. 233-70</i>	Date & Time of Admission <i>24/6/20 @ 11:57 AM</i>	Date & Time of Transfer Order <i>24/6/20 @ 3:20 PM</i>	
Treating Consultant <i>Dr. Shashwat notkary</i>	Transfer ordered by <i>Dr. Aditya.</i>	Reason for Transfer <i>ward shift</i>	
From Bed / Ward / Hospital <i>PCW</i>	To Bed / Ward / Hospital <i>335</i>	Information to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in clinical file <i>25</i>	Number of Imaging films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name of Signature of Person filling this part <i>E. Chandrika</i>	Name of person ordering transfer <i>Dr. Shashwat notkary</i>	Name & Signature of Nurse Supervisor <i>Sis. Monika</i>	Referral note & referral Doctor Name: <i>Dr. Aditya</i>
Patient & Clinical records received by: <i>Monika</i>			
Signature with Date & Time			


If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

# PATIENT TRANSFER FORM

Patient Name / I.P. No ICV-00041023 IP22-00023370 Baby PRIYA 19-05-2023 3 Y 0 M 26 D (F) Dr. SHASHWAT MOHANTY 		Date & Time of Admission 24/6/20	Date & Time of Transfer Order 24/6/20 @ 3pm
		Transfer ordered by Dr. Adhithya	Reason for Transfer Bone marrow
From Bed / Ward / Hospital 335	To Bed / Ward / Hospital PICU	Information to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in clinical file 18	Number of Imaging films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	ONS —	①	
2.	High pressure —	①	
3.	inj. Ketamin —	①	
4.	inj. Medazolam —	②	
5.	surgical glove —	①	
5.	Prote gown —	①	
Shifting Summary / Notes written by Doctor:			
Name of Signature of Person filling this part Kalyani	Name of person ordering transfer Dr. Adhithya sr	Name & Signature of Nurse Supervisor Raja	Referral note & referral Doctor Name:
Patient & Clinical records received by: Chandrika (16/29) 24/6/20 3pm.			
Signature with Date & Time			


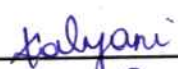
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

# PATIENT TRANSFER FORM

Patient Name / I.P. No		Date & Time of Admission	Date & Time of Transfer Order
ICV-00041023 IP22-00023370 Baby PRIYA 19-05-2023 3 Y 0 M 26 D (F) Dr. SHASHWAT MOHANTY 		24/6/26 at 12:51 pm	24/6/26 at 12:30 pm
		Transfer ordered by	Reason for Transfer
		Dr. Balaji	Admission
From Bed / Ward / Hospital	To Bed / Ward / Hospital	Information to attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
ER	330	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, What ?	
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
(12)			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Aguna	Dr Balaji	Dhaulei	
Patient & Clinical records received by:			
Signature with Date & Time			
 60720 24/6/26 1pm			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready