

# ADMISSION CASE SHEET

Patient Name : Mrs. Jay Shree

Admission date/time : 30-05-2022 16:04

UHID : SPAT.0000114019

IPD No : SPATIPV10066

DOB : 19-12-1963

Father / Husband name :

Age / Gender : 58 / F

Marital Status :

Bed : 707

Bed Category : DELUXE SINGLE - SPAT

Patient address : At - Flat no. - 401, Pallavi Apartment Nala Road, Patna

Phone number : +918789825294

Mobile Number : +918789825294

Nationality :

Religion :

Referral Source : Walk-in

Occupation :

KIN DETAIL Name : Shashi Bhushan Verma

RELATIONSHIP : Husband

MOBILE NUMBER : +919955998986

## Corporate / Insurance / TPA Information

Insurance Name :

TPA Name :

Policy Number :

TPA Card Number :

Admitting Consultant : Dr. ABHAY KUMAR

Speciality : Laparoscopy Surgeon

Admitting Remarks :

Sign:

Admission Executive :

Admission Type : ☒ Emergency

☐ Routine

☐ OPD

Provi diagnosis :

Final Diagnosis :

Date of discharge :

ICD Code Number :

2020/VER 1/0007



## PATIENT RECORD

YOU REGISTERED IN APOLLO SPECTRA HOSPITALS  
BEFORE OR ANY OTHER APOLLO LOCATION

Office : I.D. No. : \_\_\_\_\_  
Date : 20.05.2022  
Time : 4:00 PM

e. Jayashree  
(in all letters please)

Date of Birth: 19-12-1963 Age: 58 Sex: Male/Female

Husband's/Father's / Wife's Name Shashi Bhushan Verma

Marital Status : Single / Married / Divorcee \_\_\_\_\_ Nationality Indian

Address Pallavi Apartment Nala Road Patna

(Flat no-401) \_\_\_\_\_ Pin Code 800013

Tel. No. Residence 9955998986 Office : \_\_\_\_\_ E-mail : \_\_\_\_\_

Profession: \_\_\_\_\_

Name of the Employer/Company : \_\_\_\_\_

Name of the person to be notified, in case of an emergency : Shashi Bhushan Verma

Relationship (with the patient) Husband

Address: DO \_\_\_\_\_ Tel.No. 7004036132

Name of the doctor to be consulted \_\_\_\_\_ Speciality \_\_\_\_\_

Health Insurance : Yes/No \_\_\_\_\_ If Yes give details : \_\_\_\_\_

How did you know about Apollo Spectra Hospitals : Please tick ( ) in the appropriate box.

☐ Doctor ☐ News Paper ☐ Hospital ☐ Friends ☐ Website (\_\_\_\_\_)

Address (if referred by the doctor) \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

For Foreign nationals \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Expiry of Visa \_\_\_\_\_

D.O.I. \_\_\_\_\_

D.O.I. \_\_\_\_\_

D.O.E. \_\_\_\_\_

Signature of the patient

Shashi Bhushan Verma  
Signature of the relative/guardian