

FILLING THIS FORM IS COMPULSORY BY THE ADMITTING DOCTOR



KMCH
KMCH SULUR HOSPITAL
KOVAI MEDICAL CENTER AND HOSPITAL LIMITED
Excellence in Healthcare
SULUR - 641 402 | CIN No: L85110T21985PLC001659



PATIENT DATA SHEET

Name : **Baby.AARATHANA**

Reg. No. : **247128**



13-02-2022 08:56:37 PM

Reg. DATE :

Sex Male	Age 4 Years	Marital Status Single	Occupation Others
Primary Consultant Dr. S.M. Prasad		Referring Doctor	Department Emergency
Address NO 230/4 THIRUVALLUVAR NAGAR ONDIPUDUR COIMBATORE, COIMBATORE- 9943819588		INDIA Blood Group : Allergy : Relation Name : SURESH SUNDARAM Relationship : D/O. Mobile : 9943819588	
Telephone : Principal Diagnosis Other Diagnosis			ICD CODE
Operation / Procedures			