

Name Age/Gender Mobile No Address	Branch Case No: Date: Ref By:
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## Indoor Sheet

Admission Procedure			
<input type="checkbox"/> Patient Identified <input type="checkbox"/> G/C Confirmed <input type="checkbox"/> Eye Confirmed	<input type="checkbox"/> Surgery Plan Confirmed <input type="checkbox"/> Consent Received <input type="checkbox"/> Package Confirmed	<input type="checkbox"/> Medicines Confirmed <input type="checkbox"/> Infections Ruled Out <input type="checkbox"/> Ornaments Removed	Temperature Pulse BP RBS
Admission Date	Admission Time	Room Type	Package
Operation Date	Dilation and other Pre-Op Drops		

Treatment Given in Ward/Day Care

Discharge Date	Discharge Time	Condition at Discharge
Discharge Procedure		Advice/ Medicines Prescribed on Discharge
<input type="checkbox"/> IV Line Removed <input type="checkbox"/> Billing Completed <input type="checkbox"/> Post-Op Instructions	<input type="checkbox"/> Discharge-Kit Given <input type="checkbox"/> Documentation Done	

Surgeon	Nursing	Front-Desk	Admin