|  |  |
| --- | --- |
| Name  Age/Gender  Mobile No  Address | Branch  Case No:  Date:  Ref By: |

**Indoor Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Admission Procedure | | | | **Admission** |
| ⬜ Patient Identified  ⬜ G/C Confirmed  ⬜ Eye Confirmed | ⬜ Surgery Plan Confirmed  ⬜ Consent Received  ⬜ Package Confirmed | ⬜ Medicines Confirmed  ⬜ Infections Ruled Out  ⬜ 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 | | | | **Treatment** |
|  | | | |
|  | | | |  |
| Discharge Date | Discharge Time | Condition at Discharge | | **Discharge** |
|  |  |  | |
| Discharge Procedure | | Advice/ Medicines Prescribed on Discharge | |
| ⬜ IV Line Removed  ⬜ Billing Completed  ⬜ Post-Op Instructions | ⬜ Discharge-Kit Given  ⬜ Documentation Done |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Surgeon | Nursing | Front-Desk | Admin |