



FAITH MEDIPLEX

1, Giwa-Amu/Airport Road, P.O. Box 4307 Benin City, Edo State, Nigeria.

ADMISSION AND DISCHARGE RECORD

SURNAME		FIRST NAME		BED NO.	HOSPITAL NO.
ADDRESS					OPD NO.
SEX	AGE	BIRTH DATE		TIME	
REFERRED FROM:					TRIBE
NEAREST RELATIVE		ADDRESS OF RELATIVE			
EMPLOYER		ADDRESS OF EMPLOYER			
DATE OF ADMISSION		ADMITTING PHYSICIAN			
ADMITTING DIAGNOSES					
ALLERGIES					
DATE OF DISCHARGE		DISCHARGING PHYSICIAN			
DISCHARGE DIAGNOSES					
PROCEDURES					
COMPLICATIONS					
FINAL DISPOSITION <input type="checkbox"/> Recovered <input type="checkbox"/> Improved <input type="checkbox"/> Not Improved <input type="checkbox"/> Died					CAUSE OF DEATH
<input type="checkbox"/> Admission for Diagnoses <input type="checkbox"/> Release AMA <input type="checkbox"/> Referred					Referred to
ACCOUNTS RECORD					
DEPOSIT PAID					₦
BED CHARGES _____ DAYS X N _____ = _____ /DAY				₦	
PROFESSIONAL SERVICES				₦	
MEDICINES				₦	
MEDICAL SUPPLIES				₦	
PROCEDURES				₦	
				₦	
				₦	
TOTAL CHARGES					₦
BALANCE DUE					₦
PAID					₦
OUTSTANDING BALANCE					₦