



BALAJI HEART HOSPITAL & DIAGNOSTIC CENTRE


c/o : Balaji Hospital, Victoria Road, Cross Lane III, Byculla (E), Mumbai - 400 027. ● Tel.: 2374 0000 Fax : 2374 5090
Email : balajihospital@gmail.com ● Website : balajihospital.net

Duplicate		IN-PATIENT REGISTRATION CARD			Pt. ID No. 25000352	
PATIENT DETAILS					IPD No. 25000079	OPD No.
NAME(Block Letters) Starting with Surname		MISS POTPHADE ARATI PRAKASH			Bed No. 028	Ward GENERAL
Next to Kin / Relation Starting with Surname		FATHER PRAKASH POTPHADE			Room No. 001	Building NEW BUILDING
AGE	7 Years	SEX	Female	TYPE	Routine	
ADDRESS					Date of Admission	Time
MU.BHOSI POST LOHGAON BHOSI HINGOLI MAHARASHTRA 431705					07/01/2025	12:29:25
TELEPHONE					Date of Discharge	Time
OFF : RES : MOBILE :					REFERRED BY Dr. : DIRECT	
Consultant In-Charge : Dr. JAYASHREE MISHRA					Hosp. : Tel. :	
Patient Category : CHD - CLASS					Medicine : Hospital's / Own	
Provisional Diagnosis :					ICD Coding	
Final Diagnosis :						
Surgical Procedures :						
Referred to other Consultants :						

DISCHARGE STATUS

CURED	IMPROVED	STATUS QUO	EXPIRED	DAMA	TRANSFER
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SHIFT STATUS

Transferred to class	Transferred From		Auth. By	Ward	Bed No.	Undertaking
	Date	Time				
						I am willing to admit the above person, in the mentioned class and hereby undertake to pay all charges as per schedule of charges etc, fixed by the hospital from time to time, inclusive of change in class without raising and dispute, till the date of discharge. Further also agreed to obey all hospital rules, regulations. Name : PRAKASH POTPHADE Relation/Self : FATHER Departmental Stickers if any 
MEDICO LEGAL CASE						INFORMED BY : POLICE STATION : NAME OF THE CONSTABLE : CERTIFICATE ISSUED IF ANY : SPECIMEN HANDED OVER (SIGNATURE) :