GD Hospital & Diabetes Institute

A unit of Pataka Industries Pvt. Ltd.

Care for Life

PATAKA

ADVANCE INFORMATION FORM FOR PLANNED PATIENT

Patient Details

Patient Name :.....PH NO .....

Date Of Birth :...../...../..... Age:.....Sex :Male / Female

Address :.....

.....

PS .....CITY. ..... PIN CODE .....

Guardian's Name :.....PH NO .....

Insurance :.....TPA .....

.....

Signature of Patient / Guardian
Relation :
Date :

DEPARTMENTAL USE

TPA PPN ☐ NON PSU ☐

Entitled Bed Category

Economy ☐ 4Sharing / 5 Sharing

Semi Private ☐ 3 Sharing

☐ 2 Sharing

Private ☐ Single Cabin / Dlx Single Cabin / Suit

Expected Admission Date : ...../...../2018.

Under : Dr .....

Department : Conservative ☐ Surgical ☐

Pre Anesthetist Checkup : Done ☐ To be Done on Admission ☐

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Signature of TPA Desk
Date :