**Prayag Hospital & Research Centre Pvt. Ltd.**

J-206/A1,Sector 41,Noida,Uttar Pradesh 201301

**CONTACT :** 0120-4021900/9289662853

**Email:**support@prayaghospital.in **Website:**www.prayaghospital.in

**Face Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UHID** | : PH2025000002 | **Category of Patient** | : Cash | **Mode Of****Payment** | :  |
| **IPD No.** | : IP2025000010 | **Bed Category** | : NICU | **Room No** | : NICU |
|  |
| **Patient** | M/S Sujata | **Age** | : 12 Y | **Sex** | : M |
| **W/O,D/O,S/O** | :  | **Marital Status** | : Single | **Nationality** | :  |
| **Religion** | :  | **Occupation** | :  | **Local Address** | : P.O.-P.S.- , , |
| **Permanent Address** | : Sec 50, Noida P.O.- P.S.- NOIDA , Uttar Pradesh , India |
| **Phone No.** | : 8527629056 | **Mobile No.** | :  | **Pin Code** | : 0 |
| **Billing Details To Be****Discussed With** | :  |
| **Medical Details To Be****Discussed With** | :  |
|  |
| next of kin **B/O Sujata** am related to patient by being give my consent to the admission, Treatment and Investigation of B/O Sujata in Prayag Hospital & Research Centre, Noida, Uttar Pradesh. Thereby authorized the medical, Paramedical staff of Prayag Hospital to provide assessment, evaluation and treatment including administration of drugs as may be necessary & performing such operations under anesthesia or otherwise as may be deemed necessary. I further give my consent to the release of professional and / or other information from the medical record as deemed necessary in accordance with rules of Prayag Hospital & Research Centre, Noida, Uttar Pradesh. I accept the foresaid conditions. We have made this choice and we under take to clear all our bills and dues before discharge. |
| **Signature of Patient** | :  | **Next of Kin Phone No.** | :  |
|  |
| **Name of Consultant 1** | : Dr. Ashwani Mishra | **Specialization** | : Pediatrician Surgeon |
| **Name of Consultant 2** | :  | **Specialization** | :  |
| **Admission Date and Time** | : 18/01/2025 14:08:00 | **Discharge Date and****Time** | :  |
|  |
| **Provisional Diagnosis** | :  | **ICD Code** | :  |
| **Final Diagnosis** | :  | **ICD Code** | :  |
| **Operative Procedure** | :  | **ICD Code** | :  |
| **Type Of Anesthesia** | :  |
| **Category Of Discharge** | :  | **If Expired Cause****Of Death** | :  |
|  |
| **Date** | : 23/01/2025 04:01 |
| **Name & Signature Of****Front Office Executive** |   | **Signature Of****Consultant** |   |
|   |  |