

Phone : +9

Cell No : +9

Mail Id : inf

IPD PATIENT PROFILE**IPD NO: 25B002682**

Date of Admission : 03-02-2025 Time : 8:41 AM

Admission Type : General Room No : ER4

Patient's Details

HR No : 54

Patient Name : Bakiyavani Gender : Female

Address : 10/23 2nd street, Govintharaja
puram, Adyar, Chennai D.O.B : 01-01-1987

N.I.C. No : Age : 38Y 1M

Date of Registration : 05-05-2014 Civil
Status : Single**Guardian's Details**

Name : gowri supramanian NIC. No: :

Address : madurai

Contact No : 919566623201

Relationship : frd

Payment Details

Payment Method : Cash Advance : 13250.00

Doctors Information

Admitting Doctor : Dr. Avinash Jayachandran

Referring Doctor : Dr. Sockalingam

Declaration by the patient / patients Guardian

I have read and understood the supplementary leaflet containing "Rates & Terms of Admission" Applicable for the patients of vinita hospital.

I do hereby declare that the information furnished above is correct and accurate to the best of my knowledge.

As I have been requested to refrain from bringing valuables Including jewellery and cash to the hospital I undertake to inform my visitors of same and I will

not hold vinita hospital or management responsible / liable for any loss thereof and shall not claim any loss or damages arising therefore.

I hereby agree to indemnify and hold vinita hospital harmless from and against any and all claims, actions, actions, liability or expenses caused by or resulting from the loss or theft of such valuable items in the hospital premises, belonging to me or my visitors.

.....
Signature
Patient / Guardian

03-02-2025
Date

.....
Signature
(Admission Generated by)
skynyx