



MRD No.



ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ ಆಸ್ಪತ್ರೆ

ಪೀಞ್ಯ, ಬೆಂಗಳೂರು - 560 022.

(ಭಾರತ ಸರ್ಕಾರದ ಕಾರ್ಮಿಕ ಸಚಿವಾಲಯದ ಅಧೀನ)

ಕರ್ಮಚಾರಿ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ ಆಸ್ಪತ್ರೆ,

ಪೀಞ್ಯ, ಬೆಂಗಳೂರು-560 022

EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL

PEENYA BENGALURU-560 022.

(Under Ministry of Labour & Employment, Govt. of India)

No. 11-55-1, Plot No. 1, 5th Main Road (FT Campus) Yeshwanthpur Industrial Suburb, Bengaluru - 560 022.

INPATIENT MEDICAL RECORD



NAME :

IP No. :

MRD No. :

INPATIENT FILE CHECK LIST

	Yes	No
1. DOA & Time	<input type="checkbox"/>	<input type="checkbox"/>
2. DOD & Time	<input type="checkbox"/>	<input type="checkbox"/>
3. Final Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
4. Name of Operation & Date in Block Letters	<input type="checkbox"/>	<input type="checkbox"/>
5. Final case summary	<input type="checkbox"/>	<input type="checkbox"/>
6. Signature & Seal of Doctors	<input type="checkbox"/>	<input type="checkbox"/>
7. Signature of Patient and witness (In case of DAMA)	<input type="checkbox"/>	<input type="checkbox"/>
8. Discharge Summary / Death Summary is clearly visible	<input type="checkbox"/>	<input type="checkbox"/>
9. History Sheet Signed & Stamped	<input type="checkbox"/>	<input type="checkbox"/>
10. Progress notes completed & Signed	<input type="checkbox"/>	<input type="checkbox"/>
11. Nurses notes completed & Signed	<input type="checkbox"/>	<input type="checkbox"/>
12. Operation Notes completed & Signed	<input type="checkbox"/>	<input type="checkbox"/>
13. Lab reports arranged date wise	<input type="checkbox"/>	<input type="checkbox"/>
14. CT Scan / MRI report copy is attached	<input type="checkbox"/>	<input type="checkbox"/>
15. Form 11 & Form 13 Dispatched Patient	<input type="checkbox"/>	<input type="checkbox"/>
16. Other if any	<input type="checkbox"/>	<input type="checkbox"/>



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