Rainbow Children's Hospitals - Visakhapatnam
Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023423 **Admit Date** : 28-Jun-2026 **Admit Time** : 03:29 PM **UHID** : HCV-00011931

Patient Details :

Patient Name	: Master MATCHA CHETAN NAIDU	**Age**	: 6 Y 4 M 27 D
Guardian	: Mr MATCHA UDAY BHASKAR	**DOB**	: 01-02-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO-501, SAIVEDA RESIDENCY, HPCL LAYOUT, PM PLAEM Pothinamallayapalem Visakhapatnam Andhra Pradesh INDIA 110005	**Phone No**	: 7382908999/ 9440975169
		E-mail	: xyz@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PRI 303 **Ward Name** : 3F-THIRD FLOOR

Room No : PRI 303 **Admission Type** : First Visit

Contact Details :

Name : Mr MATCHA UDAY BHASKAR **Relationship** : S/O

Contact Address : FLAT NO-501, SAIVEDA RESIDENCY, HPCL LAYOUT, PM PLAEM Pothinamallayapalem Visakhapatnam Andhra Pradesh INDIA 110005 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. Kandula RadhaKrishna / Dr. Raju Kakarlapudi **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 5000.00

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

Rainbow Children's Hospitals - Visakhapatnam

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Contact Details :

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Contact Address : FLAT NO-501, SAIVEDA RESIDENCY, HPCL LAYOUT, PM PLAEM Pothinamallayapalem Visakhapatnam Andhra Pradesh INDIA 110005 **Phone No** :

M. uday Bhu
Signature

Doctor Details :

Doctor Name : Dr. SUNKARA SAI PRATYUSHA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : ICICI LOMBARD GENERAL INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

Name:----------

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 6 Y 4 M 27 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

UHID No :.....IP No :.....Dept.:.....

Date of Admission :.....scharge:.....Time:.....

Room / Bed No :.....Wa...Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/06/2026	4:30pm	ER	3rd floor	Akhil

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	THOTHIRMYE	29/6/26	92197	
2.	Dr. Ravi Himaja	29/6/26	92198	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by nurse

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/6	Syringe pump Infusion pump	4:30 pm	29/6 4:30 pm	19944	
29/6	Syringe pump	4:30pm	30/6 @4:30pm	23024	
30/6	Syringe pump	4:30pm	1/7/26 @4:30pm	2553	

Orders checked by nurse

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/06/26	CBP, CRP	6013821	Akhil
26/06/26	CUE	13822	Akhil
29/6	USG neck	7237	
1/7	CRP, ESR	4018	[illegible]

Cross checked by [illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/06/26	IV placement	01	69772.	Akhil.

Work Updated by nurse

ANY OTHER INFORMATION

Date: 1/7/26 Time: 6 am Prepared By: Mahalakh.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Mahalakshmi	3rd Floor (305)		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____ HCV-00011931 IP22-00023423 _____

Master MATCHA CHETAN NAIDU

UHID ID : _____ 01-02-2020 6 Y 4 M 27 D (M) _____

Dr. Kandula RadhaKrishna / Dr. Raju

Department : _____

Consultant : _____

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 6 Y 4 M 27 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Padiatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

- C/o swelling in neck region towards Right side from 2days → painful.

- C/o fever from 1day → high grade, intermittent type.

History of present illness:

- C/o ↓ oral intake from 2days.

- H/o ~~[illegible]~~

- c/o poor oral intake : 1 day

- H/o Right ear infection 1 week back.
received antibiotics oral ciprofloxacin for 1week.

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 8 Y 4 M 27 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Past History : (Including details of any previous investigation or treatment)

- No H/o Admission in past

Birth & Neonatal History:

Term | LSCS | 2.6kg | Well Baby

Family Chart

Birth & Socio Economic History:

About Father:

About Mother:

Any additional Information:

Developmental History:

(N)

Immunization History:

till Age ✓

Anthropometry:

Head Circum (cms)_____(Centile_____) Height (cms)_____ (Centile)_____)

Weight (kgs) 20.46 kg (Centile_____)

On Examination:

Temperature: 100°f Pulse Rate : 108/m B.P._____ SPO2 99%

Resp. rate and type of breathing : 28/m

Rash ✗

Lymphadenopathy Tender, warm (Rt) upper cervical lymph nodes noted

Oedema: -

Allergies (if any): -

Oral - Multiple dental caries

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 6 Y 4 M 27 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Respiratory System:

Inspection (any s/o distress):

Air entry & breath sound : BAE (+)

Any Addes sounds : No

Relevant data from outside (Chest X-Ray, ABG, etc.,)

Cardiovascular System:

Inspection of procordium :

Heart Sounds : S1 S2 (N)

Any murmur:

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,)

Per Abdomen:

Inspection :

Palpation : soft. non tender

Ausculation :

Spine : External Genitelia :

Relevant data from outside (CT.USE.etc.,)

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: Alert

Cranial Nerves :

Motor System: (N)

Nutrition :

Tone: Power

Co-ordinator :

Posture:

Involuntary Movements :

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 8 Y 4 M 27 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic: Acute febrile Illness

(Rt) cervical Abscess

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

USG Neck.

CBP

CRP

CUE

M.B Akhil
017790

Planned Management:

1. INJ. CLINDAMYCIN 200mg IV Q 8 hrly

2. IVF DNS 50/. maintainance 30 ml/hr

M.B Akhil
017790

Signature of the Doctor : Suminaa

Name of the Doctor : G. Suminaa

Date & Time : 28/6/26

Signature of the Consultant:

Name of the Consultant : Dr. Hajila

Date & Time : 30/6/26, 6 PM

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 8 Y 4 M 27 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

DISCHARGE PLAINING FORM

Note: * To be completed by a Doctor within (24) hours of admission

1 Anticipated Date of Discharge :_____

2. Destnation Post Discharge : ☐ Home

Family Members Notified (Person Contacted_

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In: Remarks

☐ Medication	☐ Yes ☐ No	.....
☐ Bathing	☐ Yes ☐ No	.....
☐ Eating	☐ Yes ☐ No	.....
☐ Walking	☐ Yes ☐ No	.....
☐ Dressing	☐ Yes ☐ No	.....
☐ Toileting	☐ Yes ☐ No	.....

4. Nutritional Plan:

☐ Ditary Instruction Discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

5. Discharge Planning Discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

6. Patient / Family Education Plan:

☐ Education Topic /s :.....

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

Doctor Signature:_____

Name of the Doctor :_____

Date & Time :_____

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name : HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 6 Y 4 M 27 D (M)
Age : .....
Dr. Kandula RadhaKrishna / Dr. Raju
I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		CIS/B Dr. Aishwarya / Dr. Sumina
28/6/26		Adm - (RT) cervical abscess
5PM		
		C/O swelling on (RT) side of neck
		painful - (P)
		C/O fever (P)
		NO fever spikes after admission
		C/O decreased oral intake
		O/E
		Child is sick looking
		RS-B/L AE (+), clear
		P/A soft, not distended
		Adv
		1. Cnt Inj. Ceftriaxone
		Inj. Clindamycin
		2. Cnt IV fluids
		Sumina.
		N.B. Note

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/26
8AM

cls/o Dr. RK/ Dr. Raju/ Dr. Balaji

Dsic: (Rt) cervical abscess

- clo swelling on (Rt) side of neck
- No clo fever
- No clo vomiting
- Oral intake + good

O/E:

- active, alert
- RS+ BIL AE (+), clear
- CVS + S1 S2 (+)
- P/A+ soft, non-tender
- 2 lymph node (+)
  @ measuring 2x1 cm & 1x1 cm

Advice:

- USG neck → today
- Surgical consultation after USG neck
- Cont. Inj. ceftriaxone
  Inj. clindamycin
- Encourage orals

Balaji

Noted By Balsakki 29/6/26 @8.10AM

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 6 Y 4 M 28 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju
F ☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	29/6/26 6pm	c/o/B Dr. Hanika / Dr. Balaji
		Dx: (Rt) cervical abscess.
		• c/o swelling on (Rt) side of neck • No c/o fever • No c/o vomiting. • oral intake → good.
		O/E: actove, alert RS → BL AE (+), clear CVS → S1 S2 (+)
		Advise: • Encourage orally. • Inj. Ceftriaxone Inj. Otandamycin
		USG neck → (Rt) cervical lymphadenopathy.
		Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/26
8AM

C/s/B Dr. RK / Dr. Balaji

PSH: (Rt) cervical lymphadenopathy

- No c/o fever
- No c/o cough.
- No c/o vomiting
- Oral intake - good

O/E:
active, alert

- RS - BLAE (+), clear
- CVS - S1 S2 (+)
- P/A - soft, non-tender

Advice:

- Encourage orally
- cont. Inj. Ceftriaxone (D3)
  Inj clindamycin (D3)
- CRP, ESR } T/m @ 6AM

Balaji

N'R

30/6
5PM

- To take ENT consultation as parents requested.
- Child had H/o AOM 1 week ago

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 6 Y 4 M 28 D (M) .....
Dr. Kandula RadhaKrishna / Dr. Raju
☐ F
.....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/26	5pm	c/s/B Dr Harika/ Dr Sree.
		Δ - (Rt) Cervical Lymphadenopathy
		No fever, cough, oral intat - good
		O/E
		Alert.
		RS - B/L AE (+)
		P/A - Soft
		vitals - stable
		Adv
		1) Enough orally.
		2) CRP, ESR 1-1/m Bom.
		Dr Sree
		NB 29

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

11/7/26

8AM

c/o B/o Dr. RK / Dr. Raju / Dr. Balaji

C/o: (RT) cervical lymphadenopathy

- NO c/o fever
- NO c/o cough
- NO c/o vomiting
- Oral intake + good

O/E:

active, alert.

- RS + BILATERAL (+), ~~adventitious~~ clear
- CVS + S_1, S_2 (+)
- PA soft, non-tender

Advice:

- Encourage orally
- Cont. Inj. Ceftriaxone } stop
- Cont Inj. clindamycin }
- CBP
- ESR
- plan D/C today
- Tab. Ceftriaxone + Amoxyclav 1-1-1 BD x 7 days
- Tab. clindamycin 1-1-1 BD x 7 days
- RNT consultation today

NB done

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CONSULTATION FORM

Doctor Name : DR. Ravi himaja

Date : 29/6/26 Hour : 1 hours

Hospital : RCH . V/2ay

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Date : 29/6/26 Time : 11 AM By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: M.D.

Report of Findings and Recommendations :

c/o swelling in neck ∴ 2 days.

h/o fever (+).

O/E - 2x2cm swelling felt at Rt angle of mandible

mild tenderness, no fluctuation/collection

Δ : Rt cervical lymphadenopath

Adv

- USG neck
- IV antibiotics

Consultant :

Name : RAVI HIMAJA Signature : Himaja Date & Time : 29/6/26

NOTE : If more space is required use another consultation sheet as continuation

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RESULT SHEET

Patient Name : .. HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU ....
Age : ..... Gen 01-02-2020 6 Y 4 M 27 D (M) .....
Dr. Kandula RadhaKrishna / Dr. Raju
I.D. No. : ....

Date	28/6/26	1/7				
Time						
Hb	11.1					
PCV	33.5					
RBC	4.23					
WBC	11.95					
N/L	52/25					
Platelets	2.60					
CRP	26	6				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						
Doctor's Signature						

Date	28/6/26					
Time						
CUE - Alb	TRACE					
CUE - Sugar	NILL					
CUE - Ketones	positive(trace)					
CUE - PUS Cells	2-4					
CUE - RBC Cells	NILL					
CUE - Epithelial	8-10					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Ref. No. : F / HW / DC / INPR / 05

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Patient Name : ..... Age : .....

Gender ☐ M ☐ F - Hospital No. : . HCV-00011931 IP22-00023423

Master MATCHA CHETAN NAIDU

01-02-2020 8 Y 4 M 27 D (M)

Consultant : ..... Dr. Kandula RadhaKrishna / Dr. Raju

Date of Admission : .....

DRUG ALLERGIES :

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.

1) Right Patient **2)** Right Drug **3)** Right Dosage **4)** Right Route **5)** Right Time

- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 6 Y 4 M 27 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

	I.P. No.	Sheet No.	Wards	Weight (kg)
				20kgs

REGULAR PRESCRIPTIONS

DRUG : INJ - CLINDAMYCIN

Dose	Route	Frequency	Start Dt.
200 mg	IV	Q8 hrly	28/6

Name & Signature of the Doctor starting the Drugs: Suminaa

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	28/6	29/6	30/6	1/7
6 am	X	male	male	male
2 pm	X			
10 pm				

STOP Balaji

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
1g	IV	Q12 hrly	28/6

Name & Signature of the Doctor starting the Drugs: Suminaa

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	28/6	29/6	30/6	1/7
6 am	X			
6 pm				

STOP Balaji

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VARIABLE DOSE	Date ▶							
	Time ▼		Nurse Sig. ▼		Nurse Sig. ▼		Nurse Sig. ▼		Nurse Sig. ▼
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

VARIABLE DOSE	Date ▶							
	Time ▼		Nurse Sig. ▼		Nurse Sig. ▼		Nurse Sig. ▼		Nurse Sig. ▼
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

HCV-00011931 IP22-00023423
Master MATCHA CHETAN NAIDU
01-02-2020 6 Y 4 M 27 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

	I.P. No.	Sheet No.	Wards	Weight (kg)

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
22/6	4:30 pm	CVF DNS	IV	30 ml/hr	[signature]	[signature]	[illegible] 10 pm		[signature]

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
HCV-00011931 IP22-00023423 Master MATCHA CHETAN NAIDU 01-02-2020 6 Y 4 M 27 D (M) Dr. Kandula RadhaKrishna / Dr. Raju	28/06/26 @ 3:29pm	28/06/2026 @ 4:39pm
	Transfer ordered by: Dr. Aishwarye	Reason for Transfer: Admission
From Bed / Ward / Hospital: ER.	To Bed / Ward / Hospital: 3rd floor	Information to attendant: Yes ☒ No ☐
Number of Sheets in clinical file: 18	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:
Dr. Aishwarye

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Akhil	Dr. Aishwarye	Akhil.	

Patient & Clinical records received by:

Signature with Date & Time

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready