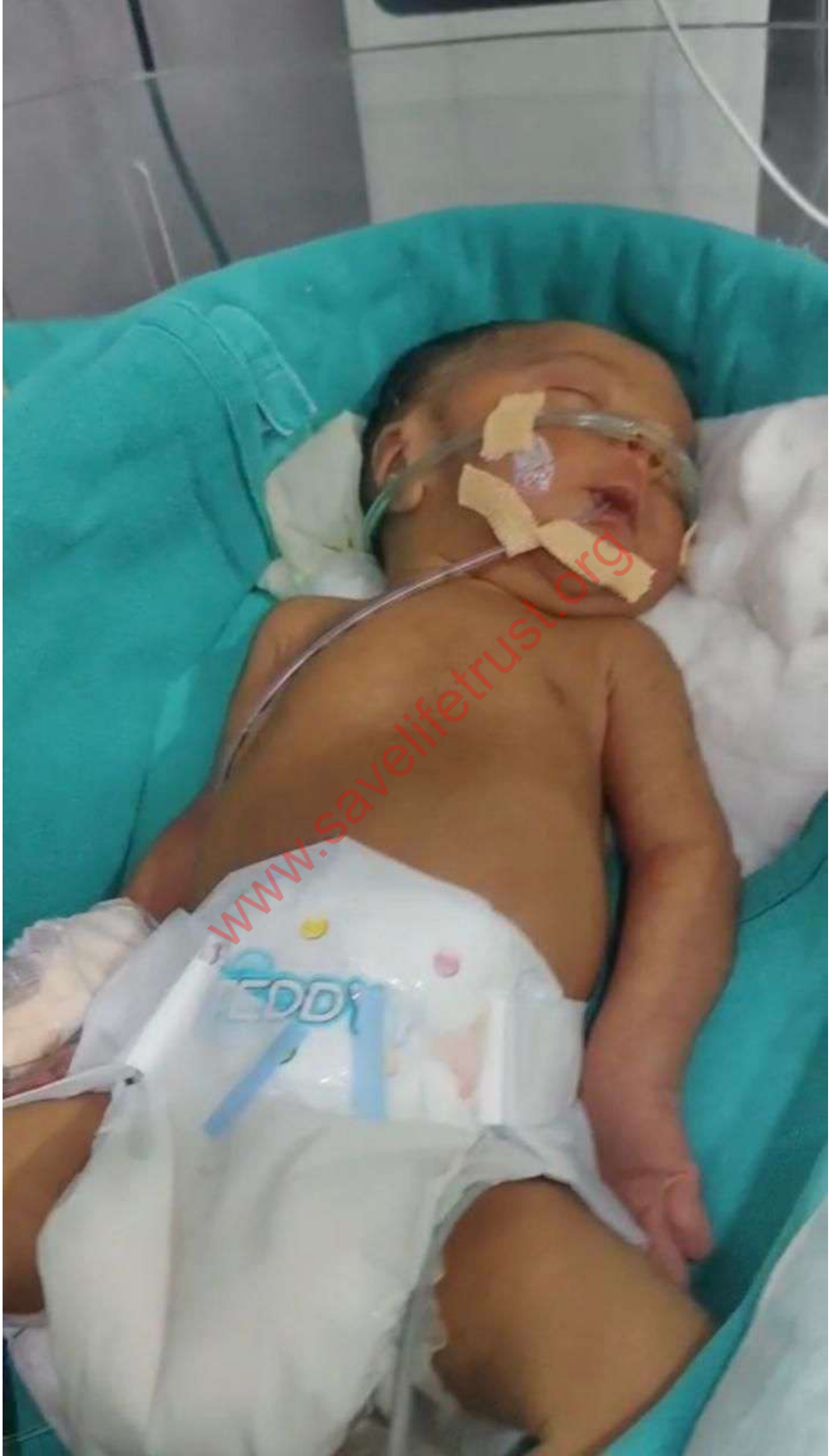
www.savelifetrust.org

Girraj Ji Hospital

Badshahpur, Gurugram

Admission Request Form

Name Blo Umila t-2 Age 1 Day Sex F

ID 20/005288 Date of Admission 26/4/25 Time 6:03 Pm

Routine ( ) Emergency (✓) Planned ( )

Brief History.....

.....

.....

Diagnosis .....

Plan of treatment.....

Any Known allergy.....

Aprox Estimate 7K Per Day Lab shed extra

.....

Expected length of stay ABG/XRay/RBS extra 4K Vendi extra Any Procedure extra

Consultant Name .....Signature.....

Patient /Attandent Name .....तरुण

Patient /Attendent signature .....तरुण

GIRRAJ JI HOSPITAL

A Complete intensive care unit
Hospital 249, Badshahpur, near radha krishna mandir, Gurugram, Haryana, 122001
Cont No. 9871869863, 9953932531,
Email: girrajjihospital.badshahpur@gmail.com

Admission & Discharge Record

Patient Name	UHID	IPD No.	Age	Sex	Ward /Room
Babyof URMILA T-2	20/005288	.1376	1 Days	Female	NICU-NICU 7

S/O	Patient Type
LAKSHMAN AHIRWAR	General

Full Address	KADARPUR SEC 66 GGN HR

Date & Time of Admission 26/04/2025 06:03 PM

Date & Time of Discharge

Hospital Stay (No. of Days)

Provisional Diagnosis	Clinical Assessment on Admission
Final Diagnosis	
Secondary Diagnosis or Complication	
Operation / Special Procedure	

RESULTS	Improved	Referred	Left Against Medical Advise	Discharge on Request	Absconded

DR.MOHIT-

Doctor Name & Signature

Patient Name & Signature

Girraj Ji Hospital

Badshahpur, Gurugram

Name: M Blo Urmila twin-2 Age: Day-2 Sex: F
ID: 5208
Diagnosis: .... Consultant: Dr. Mohit

Medication Administration Chart

Drug: Inj- Piptoz			26/4/25		27/04/2025		28/4/25		29/04/25							
Dose: 160Mg	Route: IV	Frequency: BD	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig
Direction:			7PM	Sony												
Name & Sig:		Start date: 26/4/25			7AM	[illegible]	7AM	[illegible]	7AM	[illegible]						
					7PM	Sonf	7PM	Sonf								

Drug: Inj- Amikacin			26/04/25		27/4/25		28/4/25									
Dose: 24 mg	Route: IV	Frequency: OD	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig
Direction:					9PM	Ivy	9PM	If								
Name & Sig:		Start date: 28/04/25	9PM	Ivy												

Drug																
Dose	Route	Frequency	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig
Direction																
Name & Sig		Start date														

Drug																
Dose	Route	Frequency	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig
Direction																
Name & Sig		Start date														

Drug																
Dose	Route	Frequency	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig
Direction																
Name & Sig		Start date														

Drug																
Dose	Route	Frequency	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig	Time given	Sig
Direction																
Name & Sig		Start date														

Girraj Ji Hospital

Badshahpur, Gurugram

Name Blo Urmila twin-2 Age Day-2 Sex F
ID 5288 Consultant Dr. Mohit
Diagnosis

IV Fluids & IV Infusion

Druginfusion or iv Fluid: IV + D10% 50ml + Calcium 1 ml
Dose: 3ml/hourly **Route:** IV
Direction:
Name & Sig:
Start date: 26/4/25

Date 26/4/25			Date 27/4/25			Date			Date			Date		
Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig
7PM		Sonl	2PM		Sonl									

Druginfusion or iv Fluid: N/2 Dns + KCl + Cal Gluconate 1 ml + 2 ml
Dose: 3 ml/hourly **Route:** IV
Direction:
Name & Sig:
Start date: 27/4/25

Date 27/4/25			Date			Date			Date			Date		
Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig
2PM		Sonl												

Druginfusion or iv Fluid:
Dose: **Route:**
Direction:
Name & Sig:
Start date:

Date			Date			Date			Date			Date		
Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig

Druginfusion or iv Fluid:
Dose: **Route:**
Direction:
Name & Sig:
Start date:

Date			Date			Date			Date			Date		
Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig	Start Time	Stop Time	sig