GENERAL WARD REGISTER

Name of Hospital: .... Name of Ward: .... Specialty: ....

Serial Number	Inpatient Number	Name of Patient	Address (Locality)	Age	Sex	Date of Admission	Provisional Diagnosis	Date of Discharge	Final Diagnosis	Additional Diagnosis	* Outcome of Admission	* Cost of Treatment	■ Insurance Scheme

* *OUTCOME OF ADMISSION:* Discharged, Died, Transferred, Abscond.

* *COST OF TREATMENT:* Indicate the full cost of hospitalisation even if patient is Exempted or Covered by Insurance.

■ *INSURANCE SCHEME:* Indicate the Insurance Scheme of patient, if patient has no insurance scheme indicate none.

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