

Inpatient Registration Sheet

Patient Name	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	<input type="text"/>
Admission Date	<input type="text"/>
Ward/Room No.	<input type="text"/>
Consultant Doctor	<input type="text"/>
Patient ID	<input type="text"/>
Contact Number	<input type="text"/>
Address	<input type="text"/>
Emergency Contact	<input type="text"/>
<div>Register</div>	