

ሆስፒታል  
HOSPITALየሒሳብ ማስታወቂያ ቁ.  
CASH SHEET NO.የሕመምተኞች መቀበያ ካርድ  
ADMISSION CARD

## የህክምና ካርድ ቁጥር

Medical Record Number (MRN) \_\_\_\_\_

ስም

Name \_\_\_\_\_

የአያት ስም

Grand Father's Name \_\_\_\_\_

አድራሻ

Address: \_\_\_\_\_

ክልል

Region \_\_\_\_\_

ቀጠና/ጎጥ

Katena/Gott \_\_\_\_\_

የቤት ቁጥር

House Number \_\_\_\_\_

የክፍል ቁጥር

Ward No. \_\_\_\_\_

ሲገባ የሕመሙ ሁኔታ

Admission Diagnosis \_\_\_\_\_

የተረጋገጠው ሕመም

Discharge Diagnosis \_\_\_\_\_

ከሆስፒታል ሲወጣ የነበረው ሁኔታ

Condition on discharge

ከህመሙ ድኖ/ተሸሎት

Improved ☐

ሞቶ

Dead ☐

ወደ ሌላ ጤና ድርጅት ተልኮ

Referred ☐

ከሐኪም ፈቃድ ውጭ በገዛ ፈቃዱ ሄዶ

left against medical advice ☐

ጠፍቶ

Absconded ☐

ሆስፒታል የገባበት ቀን

Date of admission \_\_\_\_\_

የወጣበት ቀን

Date of Discharge \_\_\_\_\_

የተቀበለው ሐኪም ፊርማ

Signature of Admitting Dr. \_\_\_\_\_

ያሰናበተው ሐኪም

Discharged by \_\_\_\_\_

የመኝታ ክፍል ኃላፊዋ ነርስ ፊርማ ለመግባቱ

Sign. Of Ward Nurse for Admission \_\_\_\_\_

የመኝታ ክፍል ኃላፊዋ ነርስ ፊርማ ለመውጣቱ

Sign. Of Ward Nurse for Discharge \_\_\_\_\_

የዳሬክተሩ ፊርማ ለመግባቱ (አስፈላጊ ከሆነ)

Director's Sign. For Admission (if required) \_\_\_\_\_

ለመውጣቱ (አስፈላጊ ከሆነ)

For Discharge (if required) \_\_\_\_\_

							የኢ.ት/ብር	ሣ
							Birr	Cts.
የተኛበት ቀን ብዛት Number of days admitted _____							የአንድ ቀን ክፍያ ብር Amount per day in birr _____	
የኤክስሬይ ምርመራ ሒሳብ For X-Ray Examination _____								
መድኃኒት ሒሳብ For Medicine _____								
የኦፕሬሽን ሒሳብ For Operation _____								
የላቦራቶር ሒሳብ For Laboratory _____								
ልዩ ልዩ አገልግሎት ሒሳብ For Various Services _____								
			ተከፋይ Total Payment					
				በመያዣ አስቀድሞ የተከፈለ Deposited				
የሬጀስትራሩ ፊርማ Signature of Registrar								
			ተመላሽ Amount to be Reimbursed					
					ተጨማሪ ክፍያ Amount to be paid			
የሒሳብ ሹም ፊርማ Signed by The Chief Accountant _____								

**ለሕክምናው ሂሳብ ተጠያቂ**  
**FINANCIAL RESPONSIBILITY**

**የገንዘብ አፋይ ስም**

Name of Individual Responsible for bill \_\_\_\_\_

**የሥራ ቦታ**

Occupation \_\_\_\_\_

**የስልክ ቁጥር**

Tel. \_\_\_\_\_

**ቀበሌ**

Kebele \_\_\_\_\_

**ወረዳ/ክፍለ-ከተማ**

Woreda/Subcity \_\_\_\_\_

**የቤት ቁጥር**

House No. \_\_\_\_\_

**የስልክ ቁጥር**

Tel. \_\_\_\_\_

**የዝምድናው ዓይነት**

Relationship \_\_\_\_\_

**ወደ ሆስፒታል ያመጣው**

Brought to Hospital by \_\_\_\_\_

**ስሜ ከላይ የተገለፀው ከላይ የተጠየቀውን ገንዘብ በሙሉ የመክፈል ኃላፊነት እንዳለብኝ በፊርማዬ አረጋግጣለሁ፡፡**

I the above Named person accept full responsibility for payment of the charges incurred during this period of Hospitalization.

**ፊርማ**

Signature \_\_\_\_\_