

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

18/2/24 X-ray chest (all 09)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

18/2/24 - 2 + 2
 19/2/24 - 2 + 1
 20/2/24 - 2 + 2

11

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aiysha	18/2/24	19/2/24	20/2/24				

PHARMACY

AMBULANCE

OT DRUGS REPLACED :
 BILL CLEARED :
 RETURNS CHECKED :

Other Procedures : (specify) :-

[Signature]
 31/5/24

[Signature]

[Signature]
 3/1/24