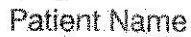


MH/PRINT / 0007./BILL/FO.



IP No.

Dr.K.GAYATHRI MD



LLING CARD

06 APR 2024

D.O.A. 04/04/24 Time 10:00 AM

Room No. Twin Sharing Non AC 319

Rent Per Day 2,200/-

TRANSFER DET AILS

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

Date	LABORATORY
4/4/24	Peripheral smear, Urea, Creatinine, LFT s. electrolytes, urine R/E, Absolute Eosino- phil count, HBaC, Blood grouping (1952)
4/4/24	Transferrin, ferritin, TIBC (1954)
5/4/24	FBS (1968) (PRBS) (1970), Stool occult bld (15/9)

[illegible]

[illegible]