

~~2000~~
REF: MANI AMBULANCES

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna Eve	3/5/24	4/5/24	5/5/24	6/5/24				
Dr. Arulvathemi	3/5/24							

Verified
AC

5

PHARMACY	AMBULANCE
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OT DRUGS REPLACED : <i>THL</i> BILL CLEARED : <i>TOTAL - 224921</i> RETURNS CHECKED : <i>no due</i>	
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Other Procedures : (specify) :-

Verified
 by
 Arulvathemi
 6/5/24
 at
 12:45 PM

Admission Officer :	Sister In-charge
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