





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

20/5/24	ECG		

		CBG		CBG	
20/5/24	3 + 1				
21/5/24	1	1	1		
22/5/24	1	1	1		

Date	PHYSIOTHERAPY

		NEBULIZER		NEBULIZER	
20/5/24			1		
21/5/24	1	1	1		
22/5/24	1	1	1		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Mr. [Signature]	20/5/24	21/5/24	22/5/24				

PHARMACY AMBULANCE

OT DRUGS REPLACED :  
 BILL CLEARED : M. Madhu (No Due)  
 RETURNS CHECKED :

Other Procedures : (specify) :-  
20/5/24 Foley's catheter done at 8pm.

P. Navaneetha  
 Admission Officer :

One [Signature]  
 Sister In-charge