

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sarikala (mam)	23/6/24	24/6/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : <i>Given</i>	<i>Ni</i>
BILL CLEARED : <i>In-A. Mool</i>	
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING : *patient discharged on 24/6/24 at 6pm.*

OTHER PROCUDRES : *Diet Consulting*

24/6

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

23/6/24	Chest X-RAY PA DUE	DUE	SHINYSTA - 7948

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY						

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS