



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

**PHARMACY**

**AMBULANCE**

OT DRUGS REPLACED :  
 BILL CLEARED : 6472 <sup>N.M</sup>/<sub>ASH</sub>  
 RETURNS CHECKED :

691-267-11903



**CROSS MATCHING :**

**RESERVATION PF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCUDRES :**

Admission Officer : 

Sister In-charge