

Daily No.

MULTIPURPOSE FORM

ALB

Date : 05/01/2020

Time : 8:54:37AM

Bill No. : 01000663

NAME : MRS. HEMAMALINI.P

AGE : 45 Y

SEX : F

REFERRER NAME : PROF. RAVI RAMALINGAM MB., MS MOBILE : 9247324020

MOBILE :

WEIGHT :

Scan Start Time

End Time

No. of FILMS

CONTRAST ml

Drug Allergy : Yes / No Asthma : Yes / No Pregnancy : Yes / No

STUDY : ANESTHETIST CHARGES

Patient Signature

History :

DESPATCHING

FILM

CONTRAST

D. Time

On Duty

Patient Signature

Technician Signature

Dr. Ranish Anesthetist fees
₹ 2500/-

P. G. Jayanthi
fm Kodapaloni