ARAVIND EYE HOSPITAL - MADURAI

Extra

Total No. : in A Class :

Total No. : in B Class :

Total No. : in C Class :

Total No. of Rooms :

FLOOR I II III IV

(BED CHARGES)

Date :

Carried out by :

In the presence of

Checked by

with Signature

IPC No.	Room No.	PATIENT'S NAME	Place	MRN	No. of Persons	Amount	Patient's Signature
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