ARAVIND EYE HOSPITAL, MADURAI MEDICAL RECORDS DEPARTMENT

List of Discharge as on Date : __ Ciscription and an Da Name of Ward Co-Ordinator : _ Floor :___ Room No. I.C. No. Unit S. No. M.R. No. Name 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

LIST OF PATIENTS DISCHARGED

Signature of Co-Ordinator