

Aravind Eye Hospital

(Run by Govel Trust)
1, Anna Nagar, Madurai - 625 020.

BILL

(For Inpatient Services)

No. :

Date :

Name :

Address :

MRN :

Date of Admission :

Date of Discharge :

Inpatient A/c. No. :

Room No. :

Serial No.	Details	Charges	Deposits

Net amount / Rupees

Yours faithfully,

(Authorised Signatory)

ARAVIND EYE HOSPITAL, Madurai.

Inpatient Gate Pass

Patient Name :

MRN :

IP Card No. :

Discharge Date :

Room Number :

Receipt Details :

Discharged By :