

ACTIV

VIH-00165582 IP-00060146  
Master TALLA SHREYANSH (M) NG  
02-08-2023 2 Y 9 M 25 D  
Dr. SURENDER RAO DUSA

Name: --

UHID No

Consultant : -----

Dept : Pediatrics

Date of Admission : 27/10/2023

Time : 4:10 PM

Date of Discharge : -----

Time: -----

Room / Bed No : -----

Ward : -----

Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>27/10/2023</u>	<u>5pm</u>	<u>ER</u>	<u>131 (Room)</u>	<u>[Signature]</u>
<u>27/10</u>	<u>11:25 AM</u>	<u>2nd floor</u>	<u>213 (Room)</u>	<u>[Signature]</u>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				





