

To

The Head,
Medical Record Department,
GMCH-32, Chandigarh.

Subject: Refund of money of _____ blood units.

R/Sir,

The patient _____, CR No. _____

has deposited the charges of _____ units blood vide Receipt No.

_____ dated _____ amounting to Rs. _____.

This is to inform you that no unit was used/issued/crossmatched by blood bank of this hospital. You are requested to please refund of _____ units blood payment amounting to Rs. _____.

Thanking you,

Yours faithfully,

(Signature)

Name:

Address: