

INSURANCE

MH-PRINT / 0007 / BILL / FO

BILLING CARD



Patient Name **Mr. SOUNDARAJAN V**
 74 / Male / MHM63664
 IP No. 13/05/2024 / IPM2024000379
 Room No. Dr. VAISHNAVI GANESAN

D.O.A. 13/5/24 Time 10:15 AM

Rent Per Day 2500 / -

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/5/24	12 PM	ER	1st Floor	SHI (Car) 3198

OPERATION THEA TRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
13/5/24	11:00 PM	14/5/24	10 AM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

