

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**

Patient Name

Mr. PALANIE

65/Male/MHM63985

16/08/2024/1PM2024000709

IP No.

Dr. VAISHNAVI GANESAN

Room No.



D.O.A. 16/8/24 Time 2.00pm

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/8/24	5:20pm	BR	1st Floor	S. I. P. S. / P. S. / P. S. / P. S.
16/8/24	9:50pm	1st Floor	11th Floor	Santhya

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I 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

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

[illegible]

