

R.S. 10.30pm 28/12/23

MH/PRINT/0007/BILL/FO



BILLING CARD

Patient Name B/O.THANISHKUMARAN
 0/Male/MHM202302180
 25/12/2023/IPM2023001068
IP No. Dr.AYSHA BEEVI
Room No.

D.O.A. 25/12/23 **Time** 10:00 PM

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/12/23	11:50 AM	ER	3rd floor (301)	H. Dey

OPERATION THEA TRE

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Others :

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