

08 JUN 2024

MH/ PRINT / 0007 / BILL / FO

	Mrs. KASTHURI 81/Pcmalc/MHV202300245 28/05/2024/IPV2024000429 Dr. K. GAYATHRI MD 	BILLING CARD 08 JUN 2024 D.O.A. 28/05/24 Time 1.00 PM	
	Patient Name _____ IP No. _____ Room No. <u>Single Room Non AC - 313</u>	Rent Per Day <u>1400/-</u> TRANSFER DET AILS	

Date	Time	From	To	Sister Signature
28/05/2024	2.30pm	ER	ward	

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
28/05/2024	1.00pm	7/6/24	10 AM				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

[illegible]

CBS

2	1	5	2	4	1
6	1	6	2	4	1
7	1	6	2	4	1
8	1	6	2	4	1

PHYSIOTHERAPY

1/6/24	physio training	physio training
3/6/24	physio training	Evening
5/6/24	morning physio	
6/6/24	morning physio	Evening physio
7/6/24	Morning physio	Evening physio
8/6/24	Morning physio	

NEBULIZER

28/5/24		2/6/24	1+1+1+1+1	7/6/24	1+1+1+1
28/5/24	1+1	3/6/24	2+1+1+1		1
29/5/24	1+1+1+1	4/6/24	1+1+1+1	8/6/24	1+1+1
	1		1+1		
30/5/24	1+1+1+1+1	5/6/24	1+1+1+1+1		
31/5/24	1+1+1	6/6/24	1+1+1+1		
1/6/24	1+1+1		1+1		

