

23 DEC 2023

MH/ PRINT / 0007 / BILL / FO



Mrs. JAYA

68/Female/MHV202300346

21/12/2023/IPV00117

Patient Name Dr. K. GAYATHRI MD

IP No. _____



BILLING CARD

D.O.A. 21/12/23 Time 4.00 PM

Room No. Twin Sharing Non AC 318

Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/12/23	4.00 PM	ER	ward 319	Joh.

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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