

23.020



Mrs.SUGUNA.G

37/Female/MH1202381100

01/12/2023/IRH202302413

Patient 1

Dr.G. GNANAVELU

IP No.



Room No.:

BILLING CARD

MHI/IP/20

D.O. 01/12/23 Time 10:30

Rent Per Day

TRANSFER DETAILS

TRANSFER DETAILS					Rent Per Day _____
Date	Time	From	To	Nurse's Signature	
1/10/23	10:39	Front office	RL	ROZARH	
1/12/23	12:46	RL	Cash	ROZARH	
1/12/23	1:45	Cash Lcs	RL	S P	

OPERATION THEATRE

OPERATION THEATRE	
Date : 1/12/23	OT No. :
Surgeon : Dr - GGP	Start Time : 1.10pm
I Asst. Surgeon :	End Time : 1.30pm
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : Abinaya S/W	Arthroscopy :
Name of Surgery : CWR	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date

VENTILATOR

Start	Date	Disconnect

[illegible][illegible]

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