

18 DEC 2023

MH/ PRINT / 0007 / BILL / FO



Mr. KANNIYAPPAN
72/Male/MHV202300585
16/12/2023/IPV00108

Dr. RAJA

Patient Name

IP No.

Room No.

ICU - 1

BILLING CARD

D.O.A. 16/12/23 Time 7.30pm

Rent Per Day

3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/12/23	7.30pm	FR	ICU	P. Nithya / 0009
17/12/23	4.30pm	ICU	WARD	N. Retha / 0020

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
16/12/23	7.30pm	17/12/23	4 pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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