

11 DEC 2023

MH/ PRINT / 0007 / BILL / FO



Ms. MANGAIYARKARASI

25/Female/MHV202300591

05/12/2023/IPV00086

Dr. THAMIZHKUMARAN

Patient Name

IP No.

Room No. 302 - C

BILLING CARD

D.O.A. 05/12/23 Time 5:00pm

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/12/22	5pm	OP	Ward	Subhashini

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/12/23	11pm	5/12/23	11:45pm				
6/12/23	8am	6/12/23	9am				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

