

19 DEC 2023

MH/ PRINT / 0007 / BILL / FO



Ms. KALAIVANI

24/Female/MHV202300739

17/12/2023/IPV00110

Patient Name Dr. K. GAYATHRI MD

IP No.



BILLING CARD

D.O.A. 17/12/23 Time 8:45 AM

Room No. TRIPLE SHARING Non AC 301-A

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/12/23	9:00am	ER	WARD	[Signature]

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

OPERATION THEA TRE	
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Surgeon :	Start Time :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
19/12/23	ECG (0762)						
	CBG				CBG		
17/12/23	1						
18/12/23	1						
Date	PHYSIOTHERAPY						
	NEBULIZER				NEBULIZER		
17/12/23	1+1+1+1						
	1+1						
18/12/23	1+1+1+1+1						
	1+1+1						
19/12/23	1+1						

