

30 AUG 2024

Mrs. CHANDRA

67 Female, MHV202300794

28/08/2024/1PV2024000760

Dr. K. GAYATHIRI MD



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

30 AUG 2024

D.O.A. 28/08/24 Time 2.45 PM

Room No. ICU-3

Rent Per Day 3500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/8/2024	2.50pm	OPD	ICU - 3	Pura.
29/8/24	9 pm	ICU	WARD 318	Lab' 0038

OPERATION THEATRE

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
28/8/24	3pm	29/8/24	9 pm.				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
28/8/24	3pm.	29/8/24	10 am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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[illegible]

[illegible]

