

07 JAN 2024

MH/ PRINT / 0007 / BILL / FO

 Patient IP No.	Ms. VANITHA 38/Female/MHV202400953 03/01/2024/IPV2024000005 Dr. KAMAL	BILLING CARD		D.O.A. <u>23/01/24</u> Time <u>10.05pm</u>
		Room No. <u>313 - Single Room non A/c</u>	Rent Per Day <u>1400/-</u>	TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/1/2024	3:11 PM	ER	(313) ward	C. Kamal Selvi 0039

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
4/1/24	12:00 MN	4/1/24	12 PM				
4/1/24	1 PM	4/1/24	10 PM				
6/1/24	12 AM	6/1/24	5 AM				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Inj. Fentanyl :
	Others :

[illegible]

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