

21 JAN 2024

Cash

MH/ PRINT / 0007 / BILL / FO



Patient Name

IP No.

Room No. 206 - S.R. non A/c

Mrs. MAHALAKSHMI

40/Female/MHV202400966

19/01/2024/IPV2024000033

Dr.K.GAYATHRI MD



BILLING CARD

D.O.A. 19/1/24 Time 1.10pm

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/01/24	1.10pm	ER	WARD	R. Withya / 0009

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

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