

13 JAN 2024

MH/ PRINT / 0007 / BILL / FO



Mr. MURUGARAJA

31/Male/MHV202401002

08/01/2024/IPV2024000013

Dr. K. GAYATHRI MD



BILLING CARD

3 JAN 2024

D.O.A. 08/01/24 Time 2.10 PM

Patient I

IP No. _____

Room No. _____

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
08/01/24	2.25 pm	ER	WARD	R. Nithya 10009

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect



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[illegible]

[illegible]

