

INSURANCE

MH/ PRINT / 0007 / BILL / FO



Mr. KAVASKAR S

33/Male/MHM202403192

08/01/2024/IPM2024000016

Patient

Dr. INDRANIL BANERJEE

IP No.

Room No.

309 ICU

BILLING CARD

D.O.A. 08/01/24 Time 9:00pm

Rent Per Day

7500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/1/24	10:40pm	BP	ICU	8/1/24 [Signature]
9/1/24	7:30pm	ICU	309 floor 309	RMDhanap [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

Date	Start	Date	Disconnect
8/1/24	10:40pm	9/1/24	7:30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

