

12 JAN 2024

MH/ PRINT / 0007 / BILL / FO



Patient Name

IP No.

Room No.

Master.ALAZEEM MOHAMMED

5/Male/MHV202401030

11/01/2024/IPV2024000021

Dr.(MAJOR) SATHISH KUMAR



ILLING CARD

D.O.A. 11/01/24 Time 7.00pm

Rent Per Day

1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/1/24	7pm	ER	Ward	S. Gauri 0081

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	:	Laproscopey	:
		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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	Others :

[illegible]

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