

19 JAN 2024

MH/ PRINT / 0007 / BILL / FO



Patient Name

IP No.

Room No.

Mrs. LAKSHMI
54/Female/MHV202401100
18/01/2024/IPV2024000032
Dr. K. GAYATHRI MD

**BILLING CARD**

19 JAN 2024

D.O.A. 18/01/24 Time 12:10pm

Rent Per Day

1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/01/24	12:10pm	RR Reception	312 - way	S. P. M.

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

Date	Start	Date	Disconnect

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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

18/11/24

ECG (0302)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

