

25 APR 2024

MH/PRINT/0007/BILL/FO

Mrs. MAHALAKSHMI

25/Female/MHV202401136

27/04/2024/IPV2024000333

Dr. RAJA

LLING CARD

29 APR 2024

D.O.A. 27/04/24 Time 1:40pm



Patient Name

IP No.

Room No. Triple sharing Non A/c - 302

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/4/24	1.45pm	ER	ward (302)	sh (Cami) xli/0039

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

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 :

LABORATORY

28/4/24	CBC, urea, Creatinine, Electrolytes, JFI (2481)
---------	---

[illegible]

[illegible]