

28 JAN 2024

MH/ PRINT / 0007 / BILL / FO



Mrs.S.JAYANTHI

45/Female/MHV202401166

23/01/2024/IPV2024000043

Dr.KAMAL



Patient Na

IP No.

Room No.

Single Room Non-Ac 303

BILLING CARD

D.O.A. 28/01/24 Time 07.23 PM

Rent Per Day

1,400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/1/24	2 pm	Disch.	ward (303)	S. Mathanisha

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

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[illegible]

[illegible]

