

2 floor non h/c



BILLING CARD

Date Adm: 30/1/24 AT 11:40
Date Dis: 2/2/24 AT 3pm
D.O.A. 20.01.24 Time 11:40 pm

Patient Name	Mrs.KANNIGA
IP No.	55/Female/MHC202404717 30/01/2024/IPC2024000325
Room No.	Dr.ARTHI

D.O.A. 30.01.24 Time 11:40 pm

Cash

Rent Per Day 1850



TRANSFER DETAILS

[illegible]

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

INFUSION PUMP

[illegible]

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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[illegible]

[illegible]