



MR. R. KARTHIK

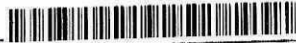
30/Male/MHM202403495

01/02/2024/IPM2024000070

Patient Name

Dr.INDRANIL BANERJEE

IP No.



Room No. 1102

BILLING CARD

D.O.A. 1/2/24 Time 3.00pm

Rent Per Day 7000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/2/24	5:00 PM	ED	PCO - 3	<i>[Signature]</i>
2/2/24	2:10 PM	ED	3rd floor (304)	<i>M. Duff / 200</i>

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
1/2/24	5pm	2/2/24	2pm				

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

