

12 FEB 2024

MH/ PRINT / 0007 / BILL / FO

Mrs. MOHANA.M

32/Female/MHV202401351

12/02/2024/IPV2024000097

Dr.PUNITHAVATHI

BILLING CARD



Patient Name

D.O.A. 12/02/24 Time 2:30pm

IP No.

Room No. Triple sharing Non A/C - 302 A

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/02/24	2.30pm	ER	WARD	R. Nithya/0009

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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