

12 FEB 2024

MH/ PRINT / 0007 / BILL / FO



Mr. DHAKSHANAMOORTHY.R

64/Male/MHV202401367

10/02/2024/IPV2024000087

Dr.K.GAYATHRI MD



BILLING CARD

12 FEB 2024

Patient Name

D.O.A. 10/02/24 Time 7:40pm

IP No.

Room No. Triple sharing Non A/c

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/02/24	7:40pm	ER	WARD	R. Nithya 10009

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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