



B/O.RATHANA

O/Male/MHV202401382

12/02/2024/IPV2024000095

Dr.(MAJOR) SATHISH KUMAR



Patient Name

IP No.

BILLING CARD

11/5 FEB 2024

D.O.A. 12/02/24 Time 1.00 PM

Room No. Nursery ward - candel bed

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/2/24	1 am	Direct	ward	SN. Deous

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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Dr.(MAJOR) SATHISH KUMAR

[illegible]

LABORATORY

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

[illegible][illegible][illegible][illegible]

