

16 FEB 2024

MH/ PRINT / 0007 / BILL / FO



Mrs. PRITHA V

44/Female/MHV202401413

14/02/2024/IPV2024000105

Dr.K.GAYATHRI MD

**BILLING CARD**

Patient Name

D.O.A. 14/02/24 Time 5.30 PM

IP No.

Room No. Single Room Non AC-313

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/2/24	5:45 PM	ER	Ward	By 0044,

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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