

**Mr.K.VARDHARAJAN**

48/Male/MHV202401824

12/03/2024/IPV2024000179

Dr.K.GAYATHRI MD

**BILLING CARD****20 MAR 2024**

Patient Name

D.O.A. 12/3/24 Time 11:45pm.

IP No.

Room No.

301 'A' Triple Sharing AIL

Rent Per Day

1200/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
12/03/2024	11:40pm	ER	ward 301	<i>[Signature]</i>
14/3/24	9:40pm	WARD	ICU	<i>[Signature]</i>
16/3/24	1:30pm	ICU	WARD 301-A	<i>[Signature]</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
14/03/24	11:00 pm	16/3/24	1:30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible][illegible]

CBG				CBG			
13/3/24	✓						
14/3/24	X+✓						
15/03/24	1+1+1						
16/03/24	1+1						
18/3/24	1+1						
20/3/24	✓						

[illegible]

