

II

Floor

Rm: A/C (54)

DOA - 22/03/24 08:46pm
DOD - 24/03/24 08:46pm
MH/PRINT/0007/BILL/PO

BILLING CARD

Patient Na **Mr. RAJAN.T**
72/Male/MHC202411417
IP No. **22/03/2024/IPC2024000903**
Room No. **Dr. SANKARLINGAM**



Cash

D.O.A. 22/03/24 Time 08:46pm

Rent Per Day 1850

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
			nil	

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

Date	Start	Date	Disconnect
		nil	

INFUSION PUMP

Date	Start	Date	Disconnect
		nil	

OXYGEN

Date	Start	Date	Disconnect
		nil	

SYRINGE PUMP

Date	Start	Date	Disconnect
		nil	

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
		nil	

VENTILATOR

Date	Start	Date	Disconnect
		nil	

23/03/24 Endo's copy - 4340 due Dr-Senbarlingam (14-5)

CBG

nil

CBG

nil

Date

PHYSIOTHERAPY

nil

NEBULIZER

nil

NEBULIZER

nil