

03 APR 2024

BILLING CARD

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D.O.A. 30/3/24 Time 7.45pm



B/O.DEVI SREE

0/Male/MHV202402068

30/03/2024/IPV2024000283

Dr.(MAJOR) SATHISH KUMAR

Patient Name

IP No.



Room No. 312 - Corridor Bed - 2

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/3/24	7.50PM	OT	WARD	S. Vembootho

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

[illegible]

LABORATORY

[illegible]

PHYSIOTHERAPY

NEBULZER

[illegible]

[illegible]