

07 APR 2024

MH/ PRINT / 0007 / BILL / FO



Mrs. JAYA.R

38/Female/MHV202402134

05/04/2024/IPV2024000252

Patient Name

Dr. K. GAYATHRI MD

IP No.



BILLING CARD

07 APR 2024

D.O.A. 05/4/24 Time 05:15 PM

Room No. 301 'A' Triple Sharing A/C

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/4/2024	5.20pm	ER	ward (301 'A')	S/N (Candy) 24/0029

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 :	Laproscopey :
	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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