

17 APR 2024

MH/ PRINT / 0007 / BILL / FO



Mr. V. MURUGAN

54/Male/MHV202402277

16/04/2024/IPV2024000289

Dr. S. ARTHI GRACE



Patient Name

IP No.

Room No. Twin sharing

Non A/c - 319 A

Rent Per Day

1200/-

TRANSFER DET AILS

D.O.A. 16/04/24 Time 11:00pm

ILLING CARD

17 APR 2024

Date	Time	From	To	Sister Signature
16/4/24	11:00pm	ER	ward (319)	S/N Gauri selvi 0039

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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