

19 APR 2024

MH/ PRINT / 0007 / BILL / FO



Patient Name

IP No.

Room No.

Mrs. MANONMANI M

65/Female/MHV202402301

18/04/2024/IPV2024000299

Dr.K.GAYATHRI MD



BILLING CARD

19 APR 2024

D.O.A. 18/04/24 Time 3.00pm

Room No. Twin sharing non ac

Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/4/24	3.15pm	OPD	Ward	S. S. S. S.

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

OPERATION THEA TRE	
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	Others :

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