



Mrs. P. SELVI

57/Female/MHV202402383

11/05/2024/IPV2024000376

DE RAJA



Patient Name

IP No.

Room No. ICU - 81

BILLING CARD

12 MAY 2024

D.O.A. 11/05/2024 Time 12:10 AM

Rent Per Day

R500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/05/2024	12:10 AM	ER	ICU	[Signature]

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
11/5/24	12:20 AM	12/5/24	5:45 PM				

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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[illegible]

[illegible]

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