



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. Shanthi

IP No. 2024000232

Room No. CX-V

59 Female/MHF202421677
12-08-2024 (PL2024000232)

Dr KANNAMMAL DURAISAMY



D.O.A. 12/08/24 Time 12pm

Rent Per Day 750/day

TRANSFER

Date	Time	From	To	Sister Signature
12/8/24	12pm	OP	EMR	<u>Ag</u>
12/8/24	2.30pm	EMR	ward	<u>kokila</u>

OPERATION THEATRE

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



FBS, PPBS



+ 1

