

25 MAY 2024

MH/PRINT / 0007 / BILL / FO

	Mrs. K. KAMATCHI 26 / Female / MHV202-102476 23/05/2024 / IPV2024000414	BILLING CARD 25 MAY 2024	D.O.A. 23/05/24 Time 08:30 PM
	Patient Name Dr. A. SANDOSH 	IP No. _____	

Room No. 304/c Triple Shaving Non AC Rent Per Day 1000/-
 TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/5/24	8:15 PM	Direct	Ward (304/c)	S. V. K. M. 60410

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

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