

RT 12:50 pm 3/9/24



Baby.MAGIZHAN. K
1/Male/MHM202404705
02/09/2024/IPM2024000769
Dr.DHANASEKHAR K

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

D.O.A. 08/08/24 Time 11:30 pm

IP No.



Room No.

302

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/9/24	6 PM	ER	2nd floor (302)	M. Senthil Kumar

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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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