

09 MAY 2024

MH/ PRINT / 0007 / BILL / FC



Mr. RAMAMOORTHY

69/Male/MHV202402549

06/05/2024/IPV2024000358

Dr. K. GAYATHRI MD



ILLING CARD

09 MAY 2024

Patient Name

D.O.A. 06/05/24 Time 10:45

IP No.

Room No.

Triple sharing Non A/C - 307A

Rent Per Day

1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/5/24	10:45 AM	ER	ward (307)	[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

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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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

