

09 MAY 2024

MH/ PRINT / 0007 / BILL / FO

Mrs. MALA

57 / Female / MHV202402589

09/05/2024 / IPV2024000370

Dr. K. GAYATHRI MD



ILLING CARD

09 MAY 2024

D.O.A. 09/5/2024 Time 9.45 AM

Patient Name

IP No.

Room No. Single Room Non-Ac-312

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/5/24	9.45am	ER	Ward Non-AC	S/N Gnanapriya
9/5/24	10.20am	312 Non-AC	812 AC	S. S. S. S.

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 :	Laproscopey :
	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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