



Master.P.S.GURUBARAN

2/Male/MHV202402674

15/05/2024/IPV2024000389

Dr. SASIKALA

Patient Name

IP No.

BILLING CARD

16 MAY 2024 D.O.A. 15/5/24 Time 8:45AM

Room No. Twin Sharing Non AC-318

Rent Per Day 1000 -

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/5/2024	9:00 am	ER	WARD	Sky Williams

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 :	Laproscoy
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE	
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[illegible]

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