

19 MAY 2024

MH/ PRINT / 0007 / BILL / FO



Mr. RAVI.S

56/Male/MHV202402688

16/05/2024/IPV2024000394

Dr. ASWINKUMAR



Patient Name

IP No.

Room No. Triple Sharing Non Ac 302

Rent Per Day 1000/-

BILLING CARD

19 MAY 2024

D.O.A. 16/05/24 Time 10:30 AM

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/05/24	10:30 AM	OP	ward	S/N Gayathri

OPERATION THEATRE

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

OPERATION THEA TRE	
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	Others :

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