



BILLING CARD

Mrs. BOMMIYAMMAL

90 / Female / MHE202421266

22/05/2024 / IPE2624000089

Dr KANNAMMAL DURAISAMY



Patient Name MRS. Bommiyammal

D.O.A. 22/5/24 Time 2.30 PM

IP No. 2024000089

Room No. 61-24

Rent Per Day 1400 / Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/5/24	11am	OP	EMR	
22/5/24	3pm	EMR	ward	

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	:	Laprosocopy	:
		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
22/5/24	1PM	22/5/24	2PM				
22/5/24	3pm	22/5/24	8pm				
24/5/24	10.40pm	25/5/24	6am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

Mrs. **BOMMIYAMMAL**
30, Female / MHE202421266
22. 05/2024 / IPE202400089
Dr **KANNAMMAL DURAISAMY**

[illegible]

[illegible]

