

27 MAY 2024

MH/PRINT / 0007 / BILL / FO



Patient Name

IP No.

Room No. ICU - J2.

Mr. BASHEER AHAMED R

58/Male/MHV202402825

27/05/2024/IFV2024000422

Dr. RAJA



BILLING CARD

27 MAY 2024

D.O.A. 27/05/24 Time 4:20 AmRent Per Day 3500.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/5/24	4:40 Am	ER	ICU	SIN 0728

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
27/5/24	4:45 Am	27/05/24	11:00 Am				

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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