

30 MAY 2024

MH/ PRINT / 0007 / BILL / FO



Baby ANSHI SRRI S

3 / Female / MHV202402872

30/05/2024 / IPV2024000439

Dr. SASIKALA



Patient Name

IP No.

ILLING CARD

30 MAY 2024

D.O.A. 30/05/24 Time 8.00 AM

Room No. Twin Sharing A/C 317ARent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/05/2024	8.00 AM	ER	Nard (317)	[Signature]

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

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	
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 :

[illegible]

[illegible]

[illegible]