

02 JUN 2024

MH/PRINT / 0007 / BILL / FO



Mrs. SARASWATHI K

57 / Female / MHV202402898

31/05/2024 / IPV2024000443

Dr. K. GAYATHRI MD



BILLING CARD

02 JUN 2024

D.O.A. 31/05/24 Time 8:40pm

Patient Name

IP No.

Room No. Triple sharing non/AC 302 A

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31/5/24	8:50pm	ER	302 Ward	S. S. S. S.
1/6/24	4pm	Triple sharing Non AC	Triple sharing AC	S. S. S. S.

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

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

[illegible]

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