



Mrs. SHANTHI R

56/Female/MHV202+02900

31/05/2024/IPV2024000445

Dr. ASWINKUMAR



Patient Name

IP No.

BILLING CARD

04 JUN 2024

D.O.A. 31/05/24 Time 10:00pm

Room No. Single Room AIC 306.

Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/6/24	10pm	ER	Ward (306)	P. G. F. 0024

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

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