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13.6.24 2pm AC Room - 250 Per day

MFV PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name Mrs. Sulochana

D.O.A. 12/6/24 Time 4.40pm

IP No. 1PE 2024 001118

Room No. 9-22

Rent Per Day ICU = 2500 / per day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/6/24	4.40pm.	EMR	ICU	Bhavani
13/6/24	2.00pm	ICU	Ward	H

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
12/6/24	5.00pm	13/6/24	2.00pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect