



Patient No. _____

IP No. _____

Room No. 206 - Single Room Non A/CRent Per Day 1400/-

Mrs. JAITHUN BEE

41 Female, MHV202403234

01/07/2024/1PV2024000349

Dr. K. GAYA HIRI MD

**BILLING CARD**

01 JUL 2024

D.O.A. 11/07/2024 Time 12:00pm**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
11/7/24	12:00PM	Direct (OPD)	ward (311)	S. J. K. M. 10040

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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	Inj. Fentanyl :
	Others :

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