

Step down ICU - Rs 3300/-



Final bill inform to Dr. D.V.J.



Ms. JANANI
27/Female/MHIC202467458
25/06/2024/IPC2024001744

Dr. ARTIII

D.O.A. 25/06/24 Time 11:46Am

Patient Name Ms. Janani

IP No. 1744

Room No. Stepdown ICU

Rent Per Day Rs. 3300/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/6/24	12Am	St-down-ICU	1st floor Non AC (5)	<i>[Signature]</i>

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

