

03 JUL 2024

MH/ PRINT / 0007 / BILL / FO



Mr. VENKAIAKRISHNAN M

22/Male/M11V202403305

29/06/2024/1PV2024000540

Patient Name

Dr. S. ARTHI GRACE

IP No.



BILLING CARD

03 JUL 2024

D.O.A. 29/6/24 Time 9:30pm

Room No. Single Room A/C 316

Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/6/24	9:30pm	ER	Ward 316	S/Arthi Grace 0128

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 :
	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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LABORATORY

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