



Mr. RAVIKUMAR
40/Male/M11V202403372
29/06/2024/IPV2024000542

Patient Name Dr. SOUNDARRAJAN

IP No.



BILLING CARD

30 JUN 2024

D.O.A. 29/6/24 Time 11:30pm

Room No. Triple Sharing AK 309 'A'

Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/6/24	11:30pm	ER.	ward (309-A)	S/Sr [Signature]

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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