



Ms.MALLESHWARI

23 Female.MHV202403533

08/07/2024/PPV2024000575

Dr.K.GAYATHRI MD



BILLING CARD

10 JUL 2024

D.O.A. 8/07/24, Time 8:00pm

Patient Name

IP No.

Room No. Single room non AC
312

Rent Per Day 1400

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
08/07/24	7:45	BR	ward	I. Bal - 0143

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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