

19 JUL 2024

MH/ PRINT / 0007 / BILL / FO



Mrs. RAMANI M

25/Female/MHV202403667

18/07/2024 IPV2024000616

Dr. K. GAYA I'HRI MD

Patient Name

IP No.



BILLING CARD

19 JUL 2024

D.O.A. 18/07/24 Time 3:00pm

Room No. Twin Sharing A10219. ARent Per Day 1500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/7/24	3 PM	Direct (OPD)	Ward (319A)	S. Kombothw.

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

OPERATION THEA TRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

19/7/24

~~CBC (4152)~~

[illegible]

[illegible]

[illegible]