

19 JUL 2024

MH/ PRINT / 0007 / BILL / FO



Baby.NILAYAN.J

1'Male/ML1V202403670

18/07/2024/IPV2024000618

Patient Name Dr.(MAJOR) SATHISH KUMAR

IP No.



Room No. Triple Spring Non Ac-307

Rent Per Day 1000/-

TRANSFER DET AILS

BILLING CARD

19 JUL 2024

D.O.A. 18/07/24 Time 5.00pm

Date	Time	From	To	Sister Signature
18/7/24	4 pm	ER	ward	(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

HFNC INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				18/7/24	5.00pm	19/7/24	10.00am

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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