

24 JUL 2024

MH/ PRINT / 0007 / BILL / FO



Mr. KALIYA PERUMAL.N

72/Male/MHV202403741

23/07/2024/IPV2024000632

Dr.D.NIVEDHIDHA



Patient Name

IP No.

Room No. 100-2

BILLING CARD

24 JUL 2024

D.O.A. 23/7/24 Time 7.15 pm

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/7/24	7pm	ER	ICU	SLN Eddy / 0014

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	:	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
23/07/24	9.10pm	24/07/24	8.00pm

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	
Date :	OT. No. :
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I Asst. Surgeon :	End Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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