

31 JUL 2024

MH/ PRINT / 0007 / BILL / FO



Baby. PRAGADESH

0 Male/MHV202403851

30 07/2024/IPV2024000656

Patient Name Dr. SASIKALA

IP No.



BILLING CARD

31 JUL 2024

D.O.A. 30/07/24 Time 8:00 pm

Room No. Single Room NON A/C 313

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/7/24	8:00 PM	OPD	WARD (313)	R. BHE

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

OPERATION THEA TRE	
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____ LABORATORY _____

[illegible]

[illegible]

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