



Mr. RAJAN.K

62/Male/MLIV202403874

05/08/2024/1PV2024000672

Dr.K.GAYATHRI MD

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

08 AUG 2024

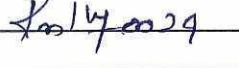
D.O.A. 05/08/24 Time 10.00 pm

Patient Name

IP No. _____

Room No. Single Room non AC 312Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/8/24	10.00pm	ER	ward	
6/8/24	12.30am	ward (312)	ICU 3	

OPERATION THEATRE

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
6/8/24	12.30 am	8/8/24	12 pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Others :

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