

03 AUG 2024

MH/ PRINT / 0007 / BILL / FO



Ms.SAVITHRI

16/Female M11V202403896

03/08/2024/1PV2024000663

Patient

Dr.K.GAYATHRI MD

IP No.



BILLING CARD

03 AUG 2024

D.O.A. 03/08/2024 Time 12:10 am

Room No.

Triple sharing

Non - A/c 304 A

Rent Per Day

1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
03/08/24	12.10pm	ER	Ward 304	SHN ZH

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
3/8/24	12.45 am	3/8/24	12.45pm				

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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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

