

16 AUG 2024

Insurance ?

Mr.SIVA MANI

72 Male.MHV202404068

15/08/2024/IPV2024000701

Dr.K.GAYATHRI MD

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 15.08.24 Time 11.00 AM

Patient

IP No.

Room No. Twin Sharing A/C Room - 318 A

Rent Per Day 1500 /-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/8/24	11:15 am	OPD	ward (318-A)	Dm/40029

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

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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