

Mrs.SHALINI

26/Female/M11V202404086

30/08/2024/1PV2024000766

F Dr.ANANDH

**BILLING CARD**

02 SEP 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 30/08/24 Time 9.00 AM

Room No. Twin Sharing Hom Ac-317Rent Per Day 1,200/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature

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

OPERATION THEATRE	
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