

5pm 31/9/24

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Baby KeerthikaBaby.KEERTHIKA
1 Female/MHM202406669
01/09/2024/1PM2024060768D.O.A. 01/9/24 Time 4:30pmIP No. IPM2024060768Room No. 309

Dr.S RAASHIDHA

Rent Per Day 1500/-

Date	Time	From	to	Sister Signature
1/9/24	5:30pm	ER	1st Floor	Slst Keer 3126

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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