

09 SEP 2024



MR. VIMAL KUMAR SHARMA R

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

39/Male/MHV.202404453

05/09/2024/IPV2024000793

Patient Name

Dr. K. GAYATHRI MD

D.O.A. 05/09/24 Time 10:45 AM

IP No.



Room No.

Single Room A/c 311

Rent Per Day 2200

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/2024	11:20 AM	DPO	WARD. 311 (A/c)	S. Venkatar

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

[illegible]

LABORATORY

[illegible]

[illegible]