

18 SEP 2024

MH/ PRINT / 0007 / BILL / FO



Patient Name

IP No.

Room No. Triple Sharing, Non Ac

Master.NETHISHWARAN

13/Male/M11V202404575

11/09/2024/1PV2024000828

Dr.SOUNDARRAJAN



BILLING CARD

18 SEP 2024

D.O.A. 11/09/24 Time 10.30 pmRent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/9/24	10.45pm	ER	ward	D. 624/10014

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

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				11/9/24	11.30PM	18/9/24	07:30AM
				18/9/24	11.00PM	18/9/24	12. PM

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

[illegible]

[illegible]