

18 SEP 2024

MH/ PRINT / 0007 / BILL / FO



B/O.OVIYA

0 Female: MHV202404648

15/09/2024/IPV2024000847

Pat Dr.SASIKALA

IP I

**BILLING CARD**

18 SEP 2024

D.O.A. 15/09/24 Time 2.00 PM

Room No. Nursery ward

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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 :

LABORATORY

18/9/24	CBC, TSH, T ₄ [FREE], BILIRUBIN TOTAL, DIRECT, INDIRECT Blood GROUPING & TYPE [5895]
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[illegible]

[illegible]