

17 SEP 2024

MH/ PRINT / 0007 / BILL / FO

Mrs.D.VARDHANI

61 Female MHV202404655

16/09/2024/1PV2024000850

Dr.K.GAYATHRI MD

**BILLING CARD**

17 SEP 2024

D.O.A. 16/09/24 Time 12.45 AM

Room No. Single Room AC-316Rent Per Day 2,200/-**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	:	Laproscopey	:
		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][illegible]

[illegible]

[illegible]