

30 SEP 2024



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

B/O.PONNESHWARI

0/Female/MHV202404733

29/09/2024, 11PV202401109104

30 SEP 2024

D.O.A. 29/09/24 Time 12.00 pm

IP No.

Dr.(MAJOR) SATHISH KUMAR

Room No.



Rent Per Day 1000/-

Triple sharing non AIC 307-A

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/9/24	12 pm	OPD	ward(307-A)	Sm.

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				29/9/24	2pm	30/9/24	6am

Single Soda gas photo therapy
INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

OPERATION THEATRE

Date :	OT. No. :
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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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