

26 SEP 2024

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

26 SEP 2024

Patient Name: **Mr. KARTHIK**
 32/Male/MHV202404766
 IP No. 24/09/2024, IPV2024000886
 Room No. Dr. K. GAYATHRI MD

D.O.A. 24/09/24 Time 7.00 PM

Triple sharing Non AC - 307 B Rent Per Day 1000/-
TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/9/24	7 PM	ER	Ward	S. S. 20131

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**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

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