

Mr.RAMESH

48 Male/MHV202404785

24 09/2024/IPV202400088

Dr.K.GAYATHRI MD

30 SEP 2024

MH/ PRINT / 0007 / BILL / FO



Patient Name

BILLING CARD

30 SEP 2024

D.O.A 24/09/24 Time 11:10 AM

IP No.

Room No. 302 - Triple Sharing non AC

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
24/9/24	11:35 AM	OPD	ward	J. Sudha, OPD

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

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :

[illegible]

[illegible]

[illegible]