



Mrs.SIVASAKTHI
 40 Female MHV202404865
 28 09/2024/IPV2024000899
 Dr.K.GAYATHRI MD
 Patie
 IP No

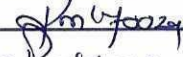
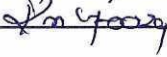


BILLING CARD
01 OCT 2024

MH/ PRINT / 0007 / BILL / FO
D.O.A 28/09/24 Time 12:30pm

Room No. Triple sharing Non AIC- 302 C
Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/9/24	12:30pm	OPD	ward (302-c)	
28/9/24	3pm	ward (302-c)	ward (302)	

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

[illegible]

[illegible]

[illegible]