

30 SEP 2024



Patient N

IP No.

Mr. PARANJOTHI

82/Male MHV202404888

29/09/2024/1PV202401009/17

Dr. KATHIRAVAN



BILLING CARD

30 SEP 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 29/09/24 Time 8:30pm

Room No. Single Room non A/c 313

Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/9/24	8:30pm	ER	WARD	Dr. S. S. S. S.

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

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