

BILLING CARD

Mr. ANNADURAI. S.S.

56/Male/MHM63295

12/07/2024 (PM2024000570)

Dr. AIYSHA BEEVJ



Patient Name

IP No.

Room No.

D.O.A. 12/7/24 Time

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/7/24	10:30pm	ER	3 rd floor (308)	<i>[Signature]</i>

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 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]

Date _____

[illegible]

[illegible]