

**BILLING CARD**

Patient Name **Mrs. VARALAKSHMI V**  
 54/Female/MHMG2301254  
 IP No. **11/05/2024/1PM2024000374**  
 Room No. **Dr. ARAVINDH**

D.O.A. **11/5/24** Time **10:00 AM**

Rent Per Day **1500/-**

**TRANSFER DET AILS**

| Date    | Time     | From | To                         | Sister Signature |
|---------|----------|------|----------------------------|------------------|
| 11/5/24 | 12:30 PM | ER   | Ward 3 <sup>rd</sup> floor | S/A Kavi         |
|         |          |      |                            |                  |
|         |          |      |                            |                  |
|         |          |      |                            |                  |
|         |          |      |                            |                  |
|         |          |      |                            |                  |

**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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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**OXYGEN****SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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**ALPHA BED / SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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| 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 :                   |

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