

|  <b>Billing CARD</b>   |               | <b>Billing CARD</b>                       |                   |
|--------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------|-------------------|
| <b>Baby. VARSHINI</b><br>0/Female/MHV202300699<br>04/02/2024/IPV2024000069<br>Dr.(MAJOR) SATHISH KUMAR |               | <b>05 FEB 2024</b>                        |                   |
| Patient Name _____<br>IP No. _____                                                                     |               | D.O.A. <u>04/02/24</u> Time <u>3:45am</u> |                   |
| Room No. <u>Twin Sharing non A/c '318A'</u>                                                            |               | Rent Per Day <u>1800/-</u>                |                   |
| <b>TRANSFER DET AILS</b>                                                                               |               |                                           |                   |
| <b>Date</b>                                                                                            | <b>Time</b>   | <b>From</b>                               | <b>To</b>         |
| <u>04/02/24</u>                                                                                        | <u>4:00am</u> | <u>ER</u>                                 | <u>WARD</u>       |
| <b>Sister Signature</b>                                                                                |               |                                           |                   |
| <u>R. Nishya / 0009</u>                                                                                |               |                                           |                   |
| <b>OPERATION THEA TRE</b>                                                                              |               |                                           |                   |
| 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 :                                  |                   |
| <b>MONITOR</b>                                                                                         |               | <b>INFUSION PUMP</b>                      |                   |
| <b>Date</b>                                                                                            | <b>Start</b>  | <b>Date</b>                               | <b>Disconnect</b> |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
| <b>OXYGEN</b>                                                                                          |               | <b>SYRINGE PUMP</b>                       |                   |
| <b>Date</b>                                                                                            | <b>Start</b>  | <b>Date</b>                               | <b>Disconnect</b> |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
| <b>ALPHA BED / SCD PUMP</b>                                                                            |               | <b>VENTILATOR</b>                         |                   |
| <b>Date</b>                                                                                            | <b>Start</b>  | <b>Date</b>                               | <b>Disconnect</b> |
|                                                                                                        |               |                                           |                   |
|                                                                                                        |               |                                           |                   |
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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 :                   |

[illegible]



[illegible]

[illegible]