

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

DOD - 1/09/24

Patient Name Mr:- P.S.N. murthyage:- 66D.O.A. 31-8-24 Time 11:14pmIP No. 436Asis EKDRoom No. SICURent Per Day 9000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
31/8/24	10:00pm	EMR	SICU	D. Tulasi

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
31/08/24	10:00pm	1/9/24	4pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
31/08/24	10:30pm	1/09/24	5AM	31/08/24	10:30pm	1/9/24	4pm

ALPHA BED / SCD PUMP**VENTILATOR (NIV)**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
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III Asst. Surgeon :	Diathermy :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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