

**BILLING CARD****B/O.VIDHYA. S.S**

O/Male/MHM202403121

Patient Name 03/01/2024/IPM2024000009

IP No. Dr.AIYSHA BEEVI

Room No. _____

D.O.A. 03/01/24 Time 15:30pm

Rent Per Day CRED 26

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31/1/24	4PM	OT	95 th Floor 29th Fl	SIN KISHAN 3022

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**INFUSION PUMP** Normes

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
31/1/24	3:20pm	31/1/24	4:30pm	31/1/24	3:20pm	31/1/24	4:30pm

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
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	Inj. Fentanyl :
	Others :

Date	LABORATORY
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[illegible]

[illegible]

