

16 JAN 2024

MH/ PRINT / 0007 / BILL / FO

**BILLING CARD**Patient Name VijayalakshmiD.O.A. 14/01/24 Time 10.15 AM

IP No. _____

Room No. Single Room Non Ac - 315Rent Per Day 1.400

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/1/24	10.30am	ER	ward (315)	C. Tamil Selvi

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**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Others :

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[illegible]

