



BILLING CARD

 Patient Name Mr. R. P. Peruma

 D.O.A. 19/1/24 Time 21:30pm

 IP No. 202400096

 Room No. 202

 Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/1/24	@ 21:30pm	Casualty	2nd Floor	S/N. Vinodhini

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

[illegible]

LABORATORY

(2400755)

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Verified
AB

PHARMACY	AMBULANCE
OT DRUGS REPLACED : <i>Thy. me</i>	
BILL CLEARED : <i>TOTAL - 2477/-</i>	
RETURNS CHECKED : <i>no due</i>	

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge
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