

**BILLING CARD**Patient Name MRS. KARTHIKESD.O.A. 26/1/24 Time 16:20 PMIP No. NP20 24000141Room No. 610W/FRent Per Day 1000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
26/1/24	4:20 PM	Caulerale	C7/c	Amuel

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

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]

AMBULANCE

OT DRUGS REPLACED : Total : 112 /-
BILL CLEARED :
RETURNS CHECKED : NO due

Other Procedures : (specify) :-

B. Amudhe
27/1/24
Time: 7.15 pm

Admission Officer

Sister In-charge