

II Floor
BILLING CARD

Mrs. RAGAVAMMAL

Patient Name 55/Female/MHC202404474

29/01/2024/IPC2024000302

IP No. Dr. ARTHI

Room No. 

ST. TLU
CASH

D.O.A. 29/1/24 Time 12.20pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
30/1/24	8pm	Step down	ward II Floor	roundh

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect
29/1/24	10:30pm	30/1/24	8pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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