

BILLING CARD

Patient No: **B/O.SAROJINI DEVI**
0 / Female / MHC202404740
IP No. 31/01/2024 / IPC2024000326
Room No. Dr.HUMAYOON



I - Floor

D.O.A. 31/1/24 Time 6.05 am

Rent Per Day nil

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
31/1/24	6.15 AM	Ward	NICU	S. S. S.
31/1/24	11.30 am	NICU	mother side	S. S. S.

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

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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[illegible]

