



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. VINESH M

IP No. 2024000182

Room No. 91W/12

D.O.A. 2/2/24 Time 4:00 am

Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/2/24	3:40 am	Casualty	C ward	R. B. S. S.
3/2/24	8:10 pm	OT	OT	S. S. S.
3/2/24	7:30 pm	OT	C ward	G. S. S.

OPERATION THEA TRE

Date	: 3/2/24	OT No.	: 11
Surgeon	: Dr. Muthukumar	Start Time	: 5:00 pm
I Asst. Surgeon	: —	End Time	: 7:00 pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: used for 30 mts
Anaesthetist	: Dr. Jambuna	C-Arm	: —
OT Nurse	: Sh. Ramya	Arthroscopy	: —
Name of Surgery	: J. Block	Laprosopy	: —
	: Tendan Repair Dhand	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	:
Surgeon	:
I Asst. Surgeon	:
II Asst. Surgeon	:
III Asst. Surgeon	:
Anaesthetist	:
OT Nurse	:
Name of Surgery	:
Sevoflurane / Isoflurane	:
Inj. Fentanyl	:
Others	:
OT. No.	:
Start Time	:
End Time	:
Dis. Pack	:
Dialthermy	:
C-Arm	:
Arthroscopy	:
Laprosocopy	:
LABORATORY	:
CR, RBS, RFT, BT, CT, Blood group / typing.	24/10/24
Send to (OP)	

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686