

1 Floor
BILLING CARD

CARDLE - 7

Patient Name **B/O.SUMALATHA**
0/Male/MHC202405320
IP No. 03/02/2024/IPC2024000364
Room No. Dr.HUMAYOON

CARDLE - 7

D.O.A. 3/2/24. Time 10.23pm

Rent Per Day NO RENT



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
3/2/24	10.30pm	OT	NICU	Sindhu
04/2/24	2am	NICU	↳ Refert Newlife	

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
3/2/24	10.30pm	3/2/24	11.30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
3/2/24	10.30pm	4/2/24	12am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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	Others :

[illegible]

