

BILLING CARD

Patient Name MRS. GILORY 12 GILW D.O.A. 4/2/24 Time 10.00AM
IP No. 366/24 CASH
Room No. MHC202405344 Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>4/2/24</u>	OT No. : <u>II</u>
Surgeon : <u>Dr. Sasi Kumar</u>	Start Time : <u>3.30 pm</u>
I Asst. Surgeon : <u> </u>	End Time : <u>4.00 pm</u>
II Asst. Surgeon : <u> </u>	Dis. Pack : <u> </u>
III Asst. Surgeon : <u> </u>	Diathermy : <u> </u>
Anaesthetist : <u>Dr. Ravikumar</u>	C-Arm : <u> </u>
OT Nurse : <u>S/N. Annie</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>DHC</u>	Laproscopy : <u> </u>
	Sevoflurane / Isoflurane : <u> </u>
	Inj. Fentanyl <u>2ml 10ml/Inj. Morphine</u> <u>1 Amp</u>
	Others : <u> </u>

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 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 :
	Others :

[illegible]

