

G Ward. 59(B) IP 11008 (also)



BILLING CARD

CASH

Patient Name 1

Mrs. KRISHNAVENI
55/Female/MHC202405520
05/02/2024/IPC2024000378

IP No. _____

Dr. ARTHI

Room No. _____



D.O.A. 5/2/24 Time 12:08 PM

Rent Per Day 1,500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

Don: 7/2/24 at: 5.30pm

Don: 7/2/24 at: 5.30pm

PHARMACY	AMBULANCE
OT DRUGS REPLACED : <i>✓</i>	<i>nil</i>
BILL CLEARED : <i>nil</i>	
RETURNS CHECKED : <i>nil</i>	

OTHER PROCEDURES :

0.5

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	Others :

[illegible]

