

R.No: 56 ~~ADON~~ ^{ALC}

SPoon



BILLING CARD

Patient Name
IP No.
Room No.

Baby.JOSHNA
3/Female/MHC202405561
05/02/2024/IPC2024000385

Dr.ARAVINDH RAJHA P.S



D.O.A. 5/2/24 Time 0.407pm

Rent Per Day 1850RS.

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

SCDPUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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