

D Floor
BILLING CARD

Medwa
The wa
(A Unit of)

B/O.DEVI
O/Male/MHC202405963
07/02/2024/IPC2024000418
Dr.ARAVINDH RAJHA P.S



Patient
IP No.
Room

CLW

D.O.A. 7/2/24 Time 1.46 pm

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
7/2/24	1.50pm	Wardmaster	NICU	
7/2/24	6.30pm	NICU	ward (134)	

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
7/2/24	2pm	7/2/24	8.30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
7/2/24	2pm	7/2/24	6pm.

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

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	Others :

[illegible]

[illegible]