

II floor.

BILLING CARD

cash

Patient Name **Mr. MAHA ALEXSANDER**
27/Male/MHC202406293
IP No. 10/02/2024/IPC2024000445
Room No. Dr. ARTHI

D.O.A. 10/2/24 Time 1:05pm

gen wound-sg

Rent Per Day 1800/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 10/2/24	OT No.	: ①
Surgeon	: DR ARAVIND KIMAY	Start Time	: 1.45pm
I Asst. Surgeon	: _____	End Time	: 2.00pm
II Asst. Surgeon	: _____	Dis. Pack	: _____
III Asst. Surgeon	: _____	Diathermy	: _____
Anaesthetist	: _____	C-Arm	: _____
OT Nurse	: REGINA	Arthroscopy	: _____
Name of Surgery	: ① SHOULDER DISLOCATION done	Laproscopy	: _____
		Sevoflurane / Isoflurane	: _____
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: _____
		Others	: F. FORTWIN ①

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]

[illegible]

10/02/29

Tr Should an xp

Due

**CBG**

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS