

**BILLING CARD**

Child.SIVANYA, C

1/Female/MHM202403669

13/02/2024/IPM2024000115

Dr.AIYSHA BEEVI

Patient Name SivanyaIP No. IPM2024000115Room No. 309D.O.A. 13/2/24 Time 10:20pm

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/2/24	11:40pm	PR	3rd floor 309	Sanellazya 8189

OPERATION THEA TRE

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 :

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

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