



BILLING CARD

Patient Name Baby. Dimsha

D.O.A. 17/12/24 Time 22:00 Pm.

IP No. 2024000277

Room No. 207

Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/12/24	10PM	Casualty	Dr. E. C. C.	Dr. Subang

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

17/2/24

~~CBC, CRP, S&P, Blood culture (Op panel)~~
~~(DP143202400712)~~

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[illegible]

AMBULANCE

verified by
J. Nithya 2225
19/12/24 at 8.00 PM

Sister In-charge