



BILLING CARD

Patient Name Baby. A. Adhira Sr

D.O.A. 18/2/24 Time 18:25pm

IP No. 2024000279

Room No. 202

Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/2/24	6:30pm	Casualty.	2nd floor.	Day 2181.

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 :	Laproscopey :
	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 :
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Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date		LABORATORY
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[illegible]

Do. Sambasirum (Coun Coun)

[illegible]