

Amn DIS

II floor date ADM: 22/2/24 AT 8:40
ICU date DIS: 23/2/24 AT 8:00
INS?



BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

Mrs. VALARMATHI

29 / Female / MHC202408065

22 / 02 / 2024 / IPC2024000594

Dr. ARTHI



D.O.A 22/2/24 Time 08:46pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	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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[illegible]

