

BILLING CARD

Mr. JAKIR HUSSAIN

28/Male/MHC202408897

29/02/2024/IPC2024000662

Dr. ARTHI



Patient Name MR

IP No. _____

Room No. _____

ASH

D.O.A 29.02.24 Time 5:24 PM

Rent Per Day 1,500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 29/2/24	OT No.	: 11
Surgeon	: Dr. Sadhargan	Start Time	: 5.45 PM
I Asst. Surgeon	: -	End Time	: 6.15 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: -	C-Arm	: -
OT Nurse	: udhaya	Arthroscopy	: -
Name of Surgery	: Lt finger Guturing	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		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

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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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 :

Date	LABORATORY
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