



BILLING CARD

Patient Name MASHA - AFRITH-H

D.O.A. 05/3/24 Time 19:10 Pm

IP No. 2024000364

Room No. 207

Rent Per Day 2000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/2/24	6.30p	ER	IND Floor	Wadey

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

[illegible]

LABORATORY

~~WBC, CRP, platelets, urine routine~~. (clinical & 2400
urine cultures studies. 839)

[illegible]

Doct: Dr. RAJESH KANNAN (Counsellor Hospital)

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED : Total: 1988 /-
BILL CLEARED :
RETURNS CHECKED : No due.

Other Procedures : (specify) :-

verified by
B. Harini
10-25 8/3/24

Admission Officer :

Sister In-charge