



BILLING CARD

Patient Name Mr. K. Ashwanth

D.O.A. 8/3/24 Time 11:15 AM

IP No. 2024000275

Room No. 201

Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/3/24	11:15am	casualty	2nd floor	[Signature]

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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	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

Ref:- Do. mare vannal)

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED : 1- Jeyaraj
BILL CLEARED : No due.
RETURNS CHECKED : Tot: 2603/

Other Procedures : (specify) :-

→ Verified by V. Myan.
10/3/24 09.30 AM

Admission Officer :

Sister In-charge