

I floor or
cash

BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

B/O.VINOTHINI.S

O/Female/MHC202410339

13/03/2024/IPC2024000816

Dr.HUMAYOON



D.O.A. 13/3/24

Time 7:10 AM

Rent Per Day

NO Rent

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 :	Laproscopy :
	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

OPERATION THEATRE	
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[illegible]

[illegible]