

DOA - 16/3/24 at 06:40 PM II floor
 DOD - 17/3/24 at 7:00 PM cash

BILLING CARD

Non-AE-ROOM

Patient Name _____

D.O.A. 16/3/24 Time 06:40 PM

IP No. _____

Room No. _____

Rent Per Day 1850/-

Mr. KANNAPPAN
 62/Male/MHC202410747
 16/03/2024/IPC2024000843
 Dr. ARTHI

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
			nil	

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
			nil				nil

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
			nil				nil

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
			nil				nil

OPERATION THEATRE	
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[illegible]

