



BILLING CARD

Patient Name MR. VINOTH V

D.O.A. 19/12/24 Time 07:30 PM

IP No. 2024000433

Room No. 671W/M

Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/12/24	7:30 PM	Casualty	671W	[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

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

19/3/24 CBC: (CPKB202401354)

[illegible]

[illegible]

AMBULANCE

OT DRUGS REPLACED : V. Jeyaraj
BILL CLEARED : No due
RETURNS CHECKED : Tot: 924/2

Other Procedures : (specify) :-

~~Secret~~ ~~Strong~~ ~~Don't~~ ~~ago~~

Admission Officer:

Amelie
Oct 22
Sister In-charge