



BILLING CARD

Patient Name Mrs. Narmada

D.O.A. 4/7/24 Time 10.50am.

IP No. IPE2024000160

Room No. 109

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/7/24	10.50am	OP	Ward.	Thy

OPERATION THEA TRE

Date	:	4/7/24	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	:		Laproscope	:	
			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

OPERATION THEA TRE

Date :	OT. No. :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

