



BILLING CARD

Patient Name Mrs. Rekha.

D.O.A. 15/5/2024 Time 8:48pm

IP No. 2024000186.

Room No. 206.

Rent Per Day 1400 (Day)

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/7/24	8:48pm	-	ward	Blavarai.

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 :	Laproscopey :
	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

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	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

[illegible]

