



BILLING CARD

Patient Name Mrs. DharamiD.O.A. 21-6-24 Time 12-00PMIP No. IFE 202400130

MHE 2024 00155

Room No. 9-201Rent Per Day 1400 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21-6-24	12-00PM	OP	ward	gmini

OPERATION THEA TRE

Date	: 21-6-24	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	:	Laproscopy	:
		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	
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

CBG

21/6/24	4
22/6/24	2

PHYSIOTHERAPY

NEBULIZER

[illegible]