



BILLING CARD

Patient Name Mrs. poovathi

D.O.A 3/10/24 Time 3:00 pm.

IP No. 2024000350

Room No. S-214

Rent Per Day 1400 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/10/24	3:00 pm	OP	ward	<i>[Signature]</i>

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

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]

[illegible]