

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. PoorathiD.O.A. 12/10/24 Time 11:20amIP No. 162024000366Room No. 206Rent Per Day 1400/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
12/10/24	11:20am	OP	ward	<i>[Signature]</i>
12/10/24	4:30pm	ward	OT	<i>[Signature]</i>
12/10/24	5:30pm	OT	ward	<i>[Signature]</i>

OPERATION THEATRE

Date	: 12/10/2024	OT No.	: 01
Surgeon	: DR. Narmadha	Start Time	: 4:30pm
Asst. Surgeon	:	End Time	: 5:30pm
II Asst. Surgeon	:	Dis. Pack	: -
III Asst. Surgeon	:	Diathermy	: -
Anaesthetist	: DR. Aarthi	C-Arm	: -
OT Nurse	: Mrs. Jamunavani	Arthroscopy	: -
Name of Surgery	: LSCS	Laprosopy	: -
		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 THEATRE

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 :

LABORATORY

LABORATORY	
12/10/24	Urea, Creatinine, Serology (HIV, HbsAg, HCV)

14/10/24	CBC Urine R/E
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[illegible]