



BILLING CARD

Patient Name MRS. Vasanthamani

D.O.A. 01/07/24 Time 11:25 pm

IP No. 1PE2024000157

Room No. 6-22 - ②

Rent Per Day 1400 / Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
01/07/24	10 AM	OP	EMR	<i>[Signature]</i>
2/7/24	4.30 pm	ward	EMR	<i>[Signature]</i>
		EMR	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	:	Laproscope	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/7/24	4.30 pm	2/7/24	9 pm.				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/7/24	4.30 pm	2/7/24	8 pm.				
03/07/24	9:00 pm	3/7/24	9.30 pm				
08/7/24	9:00 AM	8/7/24	10 pm.				

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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 :

[illegible]

[illegible]

