



BILLING CARD

Patient Name S/o. Nethira Devi

D.O.A. 07/07/24 Time 01:17 PM

IP No. IFE 2024 000166

Room No. Nicu

Rent Per Day 4000 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/7/24	11.45am	Labour.	Warmer	AY
7/7/24	12.50pm	Labour ward.	ward. G.22.	AY

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
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

Date	Start	Date	Disconnect
7/7/24	11.45am	7/7/24	12.45pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
7/7/24	11.45am	7/7/24	12.30pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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 :

LABORATORY

[illegible]

[illegible][illegible][illegible][illegible]

