



BILLING CARD

Patient Name Mrs mythiliD.O.A. 4/10/24 Time 1.00 pmIP No. 004000353Room No. 212Rent Per Day 1400 / Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/10/24	1.00pm	OP	ward	Anandhi Kaviraj
4/10/24	1.20pm	ward	OT	
4/10/24	1.40pm	OT	ward	

OPERATION THEA TRE

Date	: 04/10/24	OT No.	: 2ND
Surgeon	: Dr. NARMADHA	Start Time	: 1:30PM
I Asst. Surgeon	:	End Time	: 1:40PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR MAYILVANNAN	C-Arm	:
OT Nurse	: MS. KAVIRAJ	Arthroscopy	:
Name of Surgery	: D&C	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

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 :

Date	LABORATORY
------	------------

[illegible]

[illegible]