

MMH / PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name MRS. Sathya V.

D.O.A. 12/14/24 Time 08:00pm

IP No. D041000538

Room No. 700

TRANSFER DET AILS

Rent Per Day 4100

Date

Time

From

To

Sister Signature

12/14/24 8:40pm COSUALLY

PICU

Saeeda

12/14/24 12:13pm TCU

Med/Surgery

Rajeev

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 :

Laprosocpy

:

Sevolflurane X Isoflurane :

Inj. Fentanyl :

Others

MONITOR

Date

Start

Date

Disconnect

Date

Start

Date

Disconnect

INFUSION PUMP

(3) 12/14/24 3pm 12/14/24 12:30pm
16/14/24

OXYGEN

Date

Start

Date

Disconnect

Date

Start

Date

Disconnect

SYRINGE PUMP

12/14/24 3pm 12/14/24 7pm

12/14/24 3pm 11/14/24 4pm (2)

ALPHA BED SCD PUMP

Date

Start

Date

Disconnect

Date

Start

Date

Disconnect

VENTILATOR

(4) 12/14/24

12/14/24

