

D.O.A: 20/4/24
D.O.D: 23/4/24

11 floor
cash

P.NO- 59123

BILLING CARD

gen. ward-89

D.O.A. 20/4/24 Time 9:10pm

Patient Name _____

IP No. _____

Room No. _____

Mr. THARANITHARN
31/Male/MHC202414364
20/04/2024/IPC2024001148
Dr. SHEETAL

Rent Per Day 1500/-

OPERATION THEATRE

Date	Time	From	To	Nurse's Signature

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 : 2ml 10ml/Inj. Morphine
	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	
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[illegible]

