

## BILLING CARD

**Mrs. JOHNSY**

Patient Name

23 / Female / MHC202414495

IP No.

22/04/2024 / IPC2024001158

Room No.

Dr. SASIKALA



TRANSFER DETAILS

D.O.A. 22/4/24 Time 10:07AM

Rent Per Day 1850/-

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
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|      |      |      |    |                   |

### 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                             | : |
| Baby expelled Labour Room<br>23/4/24 at 10:55 AM. |   | Sevoflurane / Isoflurane               | : |
|                                                   |   | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : |
|                                                   |   | Others                                 | : |

### MONITOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
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### INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### ALPHA BED

### SCD PUMP

### VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |





## 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 :   | Laproscopey :              |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

Date

LABORATORY

22/9

BPT, CT, RBS, CBC, 202405405

[illegible]