

D.O.A: 26/4/24

D.O.D: 27/4/24 at 9.00pm

11 Floor

(Child on wound)

BILLING CARD

CASA

Patient Name: **Child.RAVI VARMAN**D.O.A. 26/4/24 Time 10.44 pmIP No. 4/Male/MHC202414897
26/04/2024/IPC2024001199Room No. Dr.ARAVINDH RAJHA P.SRent Per Day 1,200/-**TRANSFER DETAILS**

Date	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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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

26/4/20

26/4/24

[illegible]