



BILLING CARD

MH/PRINT/0007/BILL/FO

Patient Name K. Karlofudi - Gopalasaju; 75/17 D.O.A. 23/5/24 Time 4:56 PM
IP No. 239 D.O.D 8-6-24
Room No. Single room (Ae) Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/5/24	1:30pm	205	SICU	Kalyani
30/5/24	5:30pm	SICU	R 205	masi

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 :

MONITOR

Date	Start	Date	Disconnect
30/5/24	1:30pm	30/5/24	5:30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

