



BILLING CARD

 Patient Name Baby. Karinosh

 D.O.A. 6/5/24 Time 19.00. PM

 IP No. 2024000640

 Room No. 207

 Rent Per Day 2000

TRANSFER DET. AILS

Date	Time	From	To	Sister Signature
6/5/24	8pm	Casualty	1 st floor	S/n celin Dami

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

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 THEA TRE

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

6/5/24 CBC, CRP, Electrolytes. (2024000640). Op paid

[Signature]
08/05/24

ref: Dr. manivannan

[illegible]