



BILLING CARD

 Patient Name B/o priyanka

 IP No. 11/05/2024 000378

 Room No. Cadle

B/O.PRIYANKA M

3/Male/MHM202404809

11/05/2024/IPM2024000378

Dr.ASHA PADMASINI R


 D.A. 11/05/24 Time 10:10pm

Per Day _____

TRANSFER

Date	Time	From	To	Sister Signature
11/5/24	11:30 PM	11R	12:00 PM	Thiruge

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

WARMER INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/5/24	10:10 PM	11/5/24	11:00 PM	11/5/24	10:10 PM	11/5/24	11:30 PM

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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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

[illegible]

