

BILLING CARD

Patient Name **B/O.KUMUDHA**
IP No. **0/Male/MHC202416450**
Room No. **13/05/2024/IPC2024001354**
Dr.ARAVINDH RAJHA P.S



INS

D.O.A. **13/5/24** Time **7:55 Pm**

Rent Per Day **NO Rent**

TRANSFER DETAILS

Date	Time	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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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

16/5 Total Bilirubin, Direct Bilirubin
indirect Bilirubin } 202406361
Blood group, IEM

[illegible]