

D.O.A: 15/5/24 at 9:51am

D.O.D: 17/5/24 at 2pm

IC U Room Step down SKN 8 floor

BILLING CARD

Mrs. MOHANAMMBAL

76/ Female/ MHC202416577

D.O.A. 15/05/24 Time 09:51 AM

Patient Name

15/05/2024/IPC2024001366

IP No.

Dr. ARTHI

Cash

Rent Per Day 3300/-

Room No.

**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
15/5/24	10: AM	16/5/24	1 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/5/24	10: AM	16/5/24	6: AM				

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 :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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