

**BILLING CARD****Baby.VISHVITH**

1/Male/MHE202421234

17/05/2024/IPE2024000081

Dr.KANNAMMAL DURAISAMY

Patient Name Baby VishvithIP No. IPE2024000081Room No. G19D.O.A. 17/5/24 Time 10.15pm

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/5/24	9pm	EMR	ward	Elavaron

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

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				17/5/24	10-20pm	18/5/24	6am
				18/5/24	10am	18/5/24	10.30am

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

Baby.VISHVITH

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17 05/2024/IPE3024000-e

Dr KANNAMMAL DURAISAMY

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