

DDA - 28/5/24 12:16^{pm} 59(4) 1st floor 9/10
 DD - 29/5/24 1:00^{pm}

BILLING CARD

Ms. JANATE.R
 Medway JS The way to b
 (A Unit of United Allian
 25/Female/MHC202417841
 28/05/2024/IPC2024001473

Patient Na

Dr. ARTHI

IP No.



Room No.

25 / f
 Cash

D.O.A. 28/05/24 Time 12:16 pm

Rent Per Day 1500/-

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :
Date	

Name of Surgery :

Others

Date _____

[illegible]

[illegible]