



BILLING CARD

Patient Name Mrs. Moenakshim

D.O.A 29/05/24 Time 14:00pm

IP No. IP 8024000742

Room No. GENERAL WARD

Rent Per Day 1000 / -

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/5/24	3pm	Career	Geo	P. Vinodhini

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

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



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