

**BILLING CARD**
 Patient Name Dr. R. V. Bhavani Asis RDS D.O.A. 29/5/24 Time 7:04pm

 IP No. 255

 Room No. 104 (DORAC)

 Rent Per Day 3000
TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/5/24	7pm	Direct Room 104		1408

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
29/5/24	7pm	31/5/24	10 Am				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
29/5/24	7pm	30/5/24	7pm	29/5/24	7pm	30/5/24	8pm

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

[illegible]

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