

BILLING CARD

Patient Name _____

Mrs. RAJESWARI

44/Female MHI202484282

10/06/2024/1P112024001391

IP No. _____

Dr. G. GNANAVELU

Room No. _____

**SAFETY FIRST**

D.O.A. 10/06/24 Time 12.23P

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
10/6/24	12.25	FO	RL	Ran G. 296
10/6/24	16:15	RL	CATH LAB	Ran G. 296
10/6/24	17.30	CATH LAB	RL	Ran G. 296

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. morphi:
	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

[illegible]