



BILLING CARD

Patient Name Baby. Kaniruthra

D.O.A. 11/6/24 Time 12pm.

IP No. IPE 2024000113

Room No. 109

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/6/24	1pm	Emp	ward (109)	Kokila
12/6/24	3:20pm	ward 109	GI-2n	Aarthi

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

OPERATION THEATRE

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

[illegible]

[illegible]

