

**BILLING CARD**

Patient Name Mr. J. Venkatesh D.O.A. 15/6/24 Time 1:30 PM
 IP No. 2024000814
 Room No. 214 Rent Per Day 1500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/6/24	3:14 PM	Cesurent	2nd floor	P. Vinodhini 2162

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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	Inj. Fentanyl :
	Others :

LABORATORY

15/6/24 CBE, PAF, LFT, PPS. Sr electrolyte.
20908

[illegible]

Ref:- Maral Kappa Ambulance : 2000

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Alex moses	15/06/24						
	11 am						
Dr. Janyung	15/06/24	16/06/24					
	12 pm	11 am					

PHARMACY

OT DRUGS REPLACED : V. Jayasree

BILL CLEARED : No due

RETURNS CHECKED : Tot :- 1264/-

AMBULANCE

Other Procedures : (specify) :-

verified by K. Devika

16/06/24 at 10.15 am

Admission Officer :

Sister In-charge