



## BILLING CARD

Patient Name MR. SAMUELD.O.A. 15/6/24 Time 11.30 amIP No. IPM 2024 000481Room No. 309Rent Per Day 1500 / -

## TRANSFER DET AILS

| Date    | Time     | From                    | To                          | Sister Signature |
|---------|----------|-------------------------|-----------------------------|------------------|
| 15/6/24 | 12.30 pm | ER                      | 3 <sup>rd</sup> floor (309) | Devi 2543        |
| 15/6/24 | 4.45 pm  | III <sup>rd</sup> floor | OT                          | Pandima 3206     |
| 15/6/24 | 8 pm     | OT                      | ICU                         | Seeth 3171       |
| 15/6/24 | 10.40 pm | ICU                     | III <sup>rd</sup> floor 304 | R Monanap 2224   |
|         |          |                         |                             |                  |

## OPERATION THEA TRE

|                       |                     |                          |           |
|-----------------------|---------------------|--------------------------|-----------|
| Date                  | : 15/6/24           | OT No.                   | : 01      |
| Surgeon               | : DR. Balamugan     | Start Time               | : 5.30 pm |
| I Asst. Surgeon       | :                   | End Time                 | : 6.30 pm |
| II Asst. Surgeon      | :                   | Dis. Pack                | :         |
| III Asst. Surgeon     | :                   | Diathermy                | : Used    |
| Anaesthetist          | : DR. Senthil Kumar | C-Arm                    | :         |
| OT Nurse              | : Vasanth. Maithili | Arthroscopy              | :         |
| Name of Surgery       | :                   | Laproscoy                | : Used    |
| Lap umbilical Hernia, |                     | Sevoflurane / Isoflurane | :         |
| hemorrhoidectomy and  |                     | Inj. Fentanyl            | : Lamp    |
| Fissurectomy & GA     |                     | Others                   | :         |

## MONITOR

## INFUSION PUMP

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 15/6/24 | 8 pm  | 15/6/24 | 10 pm      |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 15/6/24 | 8 pm  | 15/6/24 | 10 pm      |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## 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 :                   |

|      |            |
|------|------------|
| Date | LABORATORY |
|------|------------|

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