

DoD: 5/8/24 3:30pm 11th floor Non AC Room No (62)



Mrs. VARADHAMMAL

33/Female/MIIC202451254

03/08/2024/TPC2024602126

BILLING CARD Non AC cash

(55)

Patient Name Dr. ARTIII

D.O.A. 3/8/24 Time 3:45pm

IP No.

Room No. 11-Non AC 62

Rent Per Day RS.1850

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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. Morphine
	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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LABORATORY

[illegible]

