

**BILLING CARD**

2nd Floor

S.T. down

Patient Name Mr. RAVIKUMAR  
59/Male/MHC202467175

CASH

D.O.A. 22/06/24 Time 10:47 AM

IP No. 22/06/2024/IPC2024001714

Room No. Dr. ARTII

Rent Per Day 3300/-

**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 |
|---------|---------|---------|------------|------|-------|------|------------|
| 22/6/24 | 10:30am | 22/6/24 | 8pm        |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |

**OXYGEN**

**SYRINGE PUMP**

| Date    | Start  | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|--------|---------|------------|------|-------|------|------------|
| 22/6/24 | 3:30pm | 22/6/24 | 6pm        |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |

**ALPHA BED**

**SCD PUMP**

C-PAP

**VENTILATOR**

| Date | Start | Date | Disconnect | Date    | Start   | Date    | Disconnect |
|------|-------|------|------------|---------|---------|---------|------------|
|      |       |      |            | 22/6/24 | 10:30am | 22/6/24 | 3:30pm     |

[illegible]

| 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 :            |
|                     | Others :                   |

[illegible]

