

II Floor Children ward.

55

BILLING CARD

Patient Name **Master.DEVESH**
6/Male/MIIC202467790

D.O.A. 15.9.24 Time 06:51 PM

IP No. 16/09/2024/IPC2024002533

Room No. Dr.ARAVINDII RAJILA P.S

Rent Per Day 1200/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
16/9/24	11:00 PM	Child ward 6012	Single Room Non AC	Z. Anitha

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

[illegible]

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

16/9/24 CBC, CRP (1565)

