



Mrs.V.SHANTHI

61/Female/M11V202403435

04/07/2024/1PV2024000559

Dr.K.GAYATHRI MD

Patient Name

IP No.

Room No.



BILLING CARD

07 JUL 2024

D.O.A. 04/07/24 Time 5:30 pm

Rent Per Day 1400/-

TRANSFER DET AILS

| Date   | Time   | From        | To       | Sister Signature |
|--------|--------|-------------|----------|------------------|
| 4/7/24 | 5:30pm | ER ward 316 | ward 316 | 8/11/24<br>0128  |
|        |        |             |          |                  |
|        |        |             |          |                  |
|        |        |             |          |                  |
|        |        |             |          |                  |
|        |        |             |          |                  |

## 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 |
|------|-------|------|------------|--------|-------|--------|------------|
|      |       |      |            | 4/7/24 | 10 PM | 5/7/24 | 10:30 AM   |
|      |       |      |            |        |       |        |            |
|      |       |      |            |        |       |        |            |
|      |       |      |            |        |       |        |            |
|      |       |      |            |        |       |        |            |

## 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 :                   |

[illegible]

[illegible]

