

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name: Mrs. TAJANASRIN . MD.O.A. 4/7/24 Time 11.30 PMIP No. IP2024000893Room No. 208Rent Per Day 2000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
4/7/24	12 AM	CRS UNIT	2nd floor	P. Vinodhini

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 :

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]

LABORATORY

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

5/7/24. Patient shifted to Calapan San Ft. Road, Hospital Ambulance

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

ref : Dr. Priyadharshini

[illegible]