

**BILLING CARD**Patient Name MR. PALANISAMYD.O.A. 9/7/24 Time 6:12 PMIP No. IPE2024000175Room No. 01-20Rent Per Day 1400 / Day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
9/7/24	4:50pm	EMR.	WARD	Bhavani

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
9/7/24	4:50pm	9/7/24	7:45pm				

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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