

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mrs. Sumathi.D.O.A. 10/07/24 Time 7:27 pmIP No. IPRB 2024 000929Room No. 215-BRent Per Day 1500 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
10/7/24	7:50 pm	Casualty	2nd Floor	<i>[Signature]</i>
10/7/24	@ 8:40 pm	2nd Floor	OT	<i>[Signature]</i>
10/7/24	9:30 pm	OT	2nd flr	<i>[Signature]</i>

OPERATION THEATRE

Date	: 10/7/24	OT No.	: II
Surgeon	: Dr. Asha	Start Time	: 9:00 pm
I Asst. Surgeon	: —	End Time	: 9:30 pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: Dr. Jamine	C-Arm	: —
OT Nurse	: Kaethike	Arthroscopy	: —
Name of Surgery	: + gls DJ starting	Laproscoy	: 10 mts
(H) done		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: —
		Others	: —

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

Ref. Dr. Asayshams

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