

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mos. VijayarD.O.A. 18/7/24 Time 12:30IP No. 2024000952Room No. G/W/F.Rent Per Day 1000 /

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/7/24	1 PM	Casualty	Mr. Warel	S/N Subarna
20/7/24	5:30 PM	A.W	OT	<i>[Signature]</i>
20/7/24	8:00 PM	OT	G/W	<i>[Signature]</i>

OPERATION THEATRE

Date	: 20/7/24	OT No.	: 11 th OT
Surgeon	: Dr. Shanmugasundaram	Start Time	: 6:00 PM
I Asst. Surgeon	: -	End Time	: 7:30 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 1/2 hourly
Anaesthetist	: Dr. Jamuna	C-Arm	: -
OT Nurse	: Kavitha, out of duty	Arthroscopy	: -
Name of Surgery	: <u>Kartika</u>	Laproscope	: -
(LT). MRM ↓ c/a		Sevoflurane / Isoflurane	: 1 hourly.
		Inj. Fentanyl	: 1 AMP used
		Others	: 1/2 hourly.

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

