

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Balakrishnan.PD.O.A. 15/7/24 Time 18:30pmIP No. 2024000948Room No. 2014Rent Per Day 2000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
15/7/24	8:30 ^{pm}	Casualty	2nd Floor	[Signature]

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

[illegible]

Ref: Dr. Jey Shanna.

[illegible]

✓ Verified

AO

PHARMACY

AMBULANCE

OT DRUGS REPLACED : Total : 8060
BILL CLEARED :
RETURNS CHECKED : NO due .

Other Procedures : (specify) :-

R. Ilankiya.
18/7/24 9 4 pm.

Admission Officer:

Sister In-charge