

**BILLING CARD**

Patient Name

IP No. _____

Room No. Single Room non AC 43Rent Per Day 1400/-

Mrs. VIJAYALAKSHMI S

65/Female/M11V202403664

18/07/2024/IPV2024000614

Dr. SUBURAYAN

22 JUL 2024D.O.A. 18/07/24 Time 12.00 pm**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
18/7/24	12.45 PM	ER	ward	Sarav 18/7/24

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

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				18/7/24	2 PM	21/7/24	12 AM

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

1817129

~~2017/24~~

Electrolytes, urine routine analysis (4/25)

CBC, wood, coal/tinro (4214)

[illegible]

[illegible]