

D.O.A: 20/7/24 at 12:35pm

D.O.D: 20/7/24 at 9pm.

8-Elcor

Step down



BILLING CARD

Patient Name **Mrs. MERY SARGUNAM**

36/Female/MHC202469418

CASH

D.O.A. 20/07/24 Time 12:35pm

IP No. 20/07/2024/IPC2024001979

Dr. ARTIH

Room No.

Rent Per Day 3300/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's 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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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[illegible]

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