



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr Balasubramani

D.O.A. 27/7/24 Time 02:32 pm

IP No. 1PE20242080206

Room No. 109

Rent Per Day 1400 / Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
27/7/24	2 pm.	OP	FMR	Logesh.
27/7/24	3:50 PM	EMR	ward	Febinvarasi

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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
wrongly	Enter	no					

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

OPERATION THEATRE

Date :	OT. No. :
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I Asst. Surgeon :	End Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

27/7/24

CXR, ECG

27/7/24

CT- Abdomen (OP Paid)

HHH/MV/DUE 202400875

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

