

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. Dhanika SreeD.O.A. 27/7/24 Time 10pmIP No. 2024000207Room No. General wardRent Per Day 750 / per day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
27/7/24	10pm	EMR	ward	Bhij

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
27/7/24	8pm	27/7/24	9.30pm	28/7/24	12am	28/7/24	5.45am
				28/7/24	8am	28/7/24	8.30am

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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