



BILLING CARD

Consultant :- Dr. Parthasarathy

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Shanthi

D.O.A. 27/7/24 Time 10.20 pm

IP No. 1PE2024000208

Room No. G-109

Rent Per Day 1400 / Day.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
27/07/24	8.40pm	OP	EMR	koki/g
27/7/24	10.20pm	EMR	ward (109)	Bhuvana
28/7/24	1.20pm	ward (109)	G-20	Deeg

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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	Inj. Fentanyl :
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