

Dr. parthasarathy.

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Sampath KumarD.O.A. 30/7/24 Time 2pmIP No. 2024000212Room No. 1CURent Per Day 3500/day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
30/7/24	3 PM	EMR	1CU	S/N. Logesh
31/7/24	12 PM	1CU	ward	S/N. SoumPrasanna

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
30/7/24	3 PM	30/7/24	3.30 PM				
30/7/24	3.30 PM	31/7/24	12 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				30/7/24	3 PM	30/7/24	3.30 PM
				30/7/24	3.30 PM	31/7/24	12 PM
				31/7/24	4 PM	21/8/24	4 AM

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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