

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name MRS. NANDHINID.O.A. 31/7/24 Time 12.40pmIP No. 8084000814Room No. 208481833Rent Per Day 1400**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
31/7/24	12.40pm	OP	ward	

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

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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LABORATORY

[illegible]

[illegible]

