

2 Floor  
**BILLING CARD**  
CASH

(Grlw)  
1312)

Patient Name Mrs.BHAVA DHARANI  
24/Female/MIIC202470339  
IP No. 01/08/2024/IPC2024002097  
Room No. Dr.SASIKALA

D.O.A. 1/8/24 Time 3.02Am

Rent Per Day 1,500/-



**TRANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
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|      |      |      |    |                   |
|      |      |      |    |                   |

**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 : 2ml 10ml/Inj. Morphine |
|                     | Others :                               |

**MONITOR**

**INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

**OXYGEN**

**SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

**ALPHA BED**

**SCD PUMP**

**VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |

[illegible]



|                   |  |
|-------------------|--|
| OPERATION THEATRE |  |
| Date              |  |

|                   |                          |
|-------------------|--------------------------|
| 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   | Laprosocopy              |
|                   | Sevoflurane / Isoflurane |
|                   | Inj. Fentanyl            |
|                   | Others                   |

|      |            |
|------|------------|
| Date | Others :   |
|      | LABORATORY |

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

