



BILLING CARD

Patient Name MRS. JINNAD.O.A. 25/8/24 Time 10:22 PMIP No. IPE2024000264Room No. 8-214Rent Per Day 25/08/2024

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/8/24	8:30pm	OP	EMR	
25/8/24	11 pm	EMR	EMR	

OPERATION THEA TRE

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

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[illegible]

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