

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. J. JayasumanD.O.A. 23/9/24 Time 11:15 AmIP No. 2024001227Room No. G/w-mRent Per Day 1000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
23/9/24	12pm	Casualty	General ward	S/w celin 2230
23/9/24	9.30pm	OT/US	2nd floor 207	S/w 1 kanitha

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

[illegible]

Date	LABORATORY
23/9/24	ABC, RFI, FI, Electrolyte, S. Amylase, S. Lipase (4505)

[illegible]

[illegible]

AMBULANCE

OT DRUGS REPLACED : V. Jeyaraj
BILL CLEARED : No due
RETURNS CHECKED : Tot: 9477

Other Procedures : (specify) :-

16 size Ryflex tube clone Δ in subaena. For
24/9/24

R. Itakkiya
25/9/24 4 3pm

Admission Officer :

Sister In-charge