

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. Sai Lakshan.D.O.A. 15/08/24 Time 5 pmIP No. 2024001056.Room No. 211Rent Per Day 2000 / -**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
15/8/24	6 pm	Operating	2nd floor	P. Vinodhini

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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Date

LABORATORY

15/8/24 CBC (op pul d) (OPRB 202404206) op pald.

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. Sambasivam Own Case,

[illegible]