



BILLING CARD

 Patient Name Mrs. Maragatham. D.O.A. 23/8/24 Time 10:30 Am

 IP No. 2024000256

 Room No. 814

 Rent Per Day 750/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/8/24	10:35am	OP	EMR	Logesh
23/8/24	2:00pm	EMR	Ward	Ely

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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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

CBG

[illegible][illegible]

NEBULIZER

[illegible]

[illegible]