

11th floor General ward - (59) 3

DOD: 20/8/24 12.00 PM



Mrs. VELANKANNI
40/Female/MIIC202471717
19/08/2024/TPC2024002266

BILLING CARD

Patient Name Dr. ARTIII

D.O.A. 19/8/24 Time 8.10 AM

IP No.

Room No. 11-59

Rent Per Day Rs. 1500

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

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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	Others :

Date _____

LABORATORY

19/8/24	Trip - 7 = 7 0350
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