

BILLING CARD

Patient Name Mr. Perumal D.O.A. 20/8/24 Time 3.30pm
IP No. IPB 2024000251
Room No. G70 Rent Per Day 750/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
<u>20/8/24</u>	<u>12.15pm</u>	<u>DP</u>	<u>EMR.</u>	<u>Bhavani</u>
<u>20/8/24</u>	<u>4.20pm</u>	<u>13MR</u>	<u>G-Ward (3)</u>	<u>Bharani</u>

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

20/8/24. chest PA
MMH/MV/ DUE202401017 ✓

CBG CBG

Date PHYSIOTHERAPY

NEBULIZER NEBULIZER

20/8/24 ①
21/8/24 1+1+1
22/8/24 1

