

02 SEP 2024



Ms. NITHIYA SRI  
19/Female/M11V202404300  
29/08/2024/IPV2024000762

Patient Dr. K. GAYATHRI MD

IP No.

Room No. PCU-2A

## BILLING CARD

MH/ PRINT / 0007 / BILL / FO

02 SEP 2024

D.O.A. 29/08/24 Time 12.10AMRent Per Day 3500/-

## TRANSFER DETAILS

| Date    | Time    | From       | To                | Sister Signature    |
|---------|---------|------------|-------------------|---------------------|
| 29/8/24 | 12.10pm | ER         | IW                | Shw. S. S. S. S. S. |
| 31/8/24 | 12pm    | PCU        | 311 Non Akilalard | Shw. S. S. S. S. S. |
| 31/8/24 | 9.30pm  | ward (311) | 311 AC            | Shw. S. S. S. S. S. |
|         |         |            |                   |                     |
|         |         |            |                   |                     |

## 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 |
|---------|---------|---------|------------|------|-------|------|------------|
| 29/8/24 | 12.20pm | 31/8/24 | 12pm       |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |

## 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

|                     |                            |
|---------------------|----------------------------|
| 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 :                   |

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