

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Mohamed yasserD.O.A. 29/8/24 Time 4:00pmIP No. 2024001107Room No. 205Rent Per Day 2000 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
29/8/24	4:30pm	Casualty	Dr. Ref. Piles	Indubanes
30/8/24	8:00am	OT	2nd floor	Soundararajan

OPERATION THEATRE

Date	: 30/8/24	OT No.	: 11 rd OT
Surgeon	: Dr. Mohamed Sagar	Start Time	: 6:30 am
I Asst. Surgeon	: Dr. Vithayamurthy	End Time	: 7:30 am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	: Master Palani	Diathermy	:
Anaesthetist	: Dr. Jagan V S A	C-Arm	:
OT Nurse	: Soundararajan	Arthroscopy	: Used 1 hour
Name of Surgery	: ACL (Rt)	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: Dy. Ketamine 2 ce used
		Others	: O2 used 1 hour

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

Date _____

LABORATORY

[illegible]

[illegible]

AMBULANCE

off toky
paid

Sister In-charge