



BILLING CARD

M.L.C

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Sunkara. Saikumari

DOB:- 9/9/24

D.O.A. 31-8-24 Time 12:37 AM

IP No. 430

Δ-Burns

Room No. Single Room A/c

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
31/8/24	12:45 AM	EMR	204 Room	Sridevi - 0041

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR



OPERATION THEATRE	
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[illegible]

