

2 Floor General ward

DOA - 5/9/24
DOD - 5/9/24

BILLING CARD

Patient Name Child.VTSHA.V
2/Male/MIIC202473013
IP No. 05/09/2024/IPC2024602412
Room No. Dr.PRASANNA

D.O.A. 05.09.24 Time 05:47 PM

Rent Per Day 1500/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 05/09/24	OT No.	: 2
Surgeon	: DR. PRASANNA	Start Time	: 6.15pm
I Asst. Surgeon	: —	End Time	: 6.30pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: —	C-Arm	: —
OT Nurse	: REGINA	Arthroscopy	: —
Name of Surgery	: FORE HEAD SUTURING	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: —
		Others	: —

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE	
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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 :

[illegible]

[illegible][illegible][illegible][illegible]