



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Panceer Selvam

D.O.A. 08/09/24 Time 9.30pm

IP No. 2024000295

Room No. ward.

Rent Per Day ₹50/Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
08/09/24	9.55pm	EMR	ward	[Signature]

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

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

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	Inj. Fentanyl :
	Others :

[illegible]

08/01/24 CT - Abdomen plan.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

