

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Ramalingam DD.O.A. 09-09-21 Time 10 amIP No. IPM 2024000803Room No. 309Rent Per Day 1500/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
9/9/21	11:30 am	2D	3rd Floor	S/N K. Sreeni

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

[illegible]

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Bill amount = 18431	
BILL CLEARED	:	
RETURNS CHECKED	:	

Other Procedures : (specify) :-

Doppler Arterial Venous [Right leg]
(Dr. Joseph)

ECG & Echo (Dr. Karthik)

Admission Officer :

Sister In-charge