



BILLING CARD



Patient Name _____

Mrs. PAVAZHAKODI

62/Female/MHI202485738

11/09/2024; IP112024002125

Dr. G. GNANAVEILU

D.O.A. 11/9/20 Time 10:17 AM

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

PL

Date	Time	From	To	Nurse's Signature
11/9/24	10:40	FO	RL	
11/9/24	12:09	RL	Ceph	
11/9/24	1:16	C & B [unclear]	RL	

OPERATION THEATRE

Date :	11/9/24	OT No. :	C-15/ael
Surgeon :	Dr. GfS	Start Time :	12.35pm
I Asst. Surgeon :		End Time :	12.48pm
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	Priya R I W	Arthroscopy :	
Name of Surgery :	Cox	Laprosocopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	
		Others :	

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]