

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Baby. Sai Bhasathi.D.O.A. 14/9/24 Time 7:30pmIP No. 202400 1184Room No. ICU.Rent Per Day 4100 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
14/9/24	8:30pm	Casualty	DW	S/N Subarna

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
14/9/24	8:30pm	15/9/24	10:30am

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

[illegible]

Date 14/9/21

LABORATORY

CRP / CBC / RFT / ss. electrolytes. (12714

[illegible]

2

[illegible][illegible]

Def: KS Ambulance Expairion

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED : V. Jyaz

BILL CLEARED : no due

RETURNS CHECKED : Tot: - 2078/-

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge