

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mrs. S. RajeshwariD.O.A. 14/9/24 Time 10:00pmIP No. 2024001185Room No. PCWRent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
14/9/24	11 PM	Casualty	DW	S. Subasing

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/9/24	11 PM	16/9/24	11 AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/9/24	5am	15/9/24	7pm				

ALPHA BED / SCD PUMP**CPAP - VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				15/9/24	12 AM	15/9/24	5am

[illegible]

2x

[illegible]

Neofred

ACD

PHARMACY

OT DRUGS REPLACED	:	V-Jeyaraj
BILL CLEARED	:	Due :- 375
RETURNS CHECKED	:	Tot :- 12382 /

AMBULANCE

Other Procedures : (specify) :-

1] Catheterization done by casualty

16/9/2020 $\Rightarrow$ Categorization done by DR. Palaniyappan.

verified by SPMS 2/99

Subaw
2117

Admission Officer :

Sister In-charge