



BILLING CARD

Patient Name Mrs. Peka

D.O.A. 17/9/24 Time 1.15 PM.

IP No. IFE2024000311

Room No. 206

Rent Per Day 1400 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/9/24	1.15 PM	OP	Ward	<i>[Signature]</i>

OPERATION THEA TRE

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

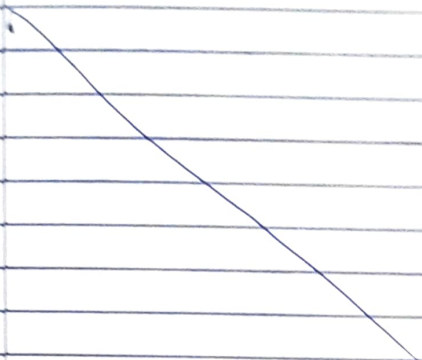
Date	Start	Date	Disconnect

VENTILATOR

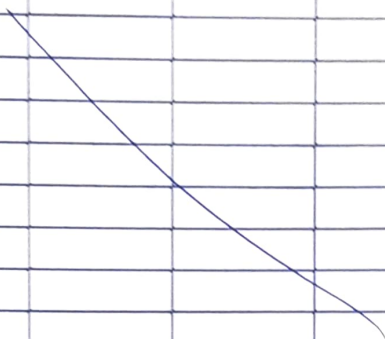
Date	Start	Date	Disconnect

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[illegible]



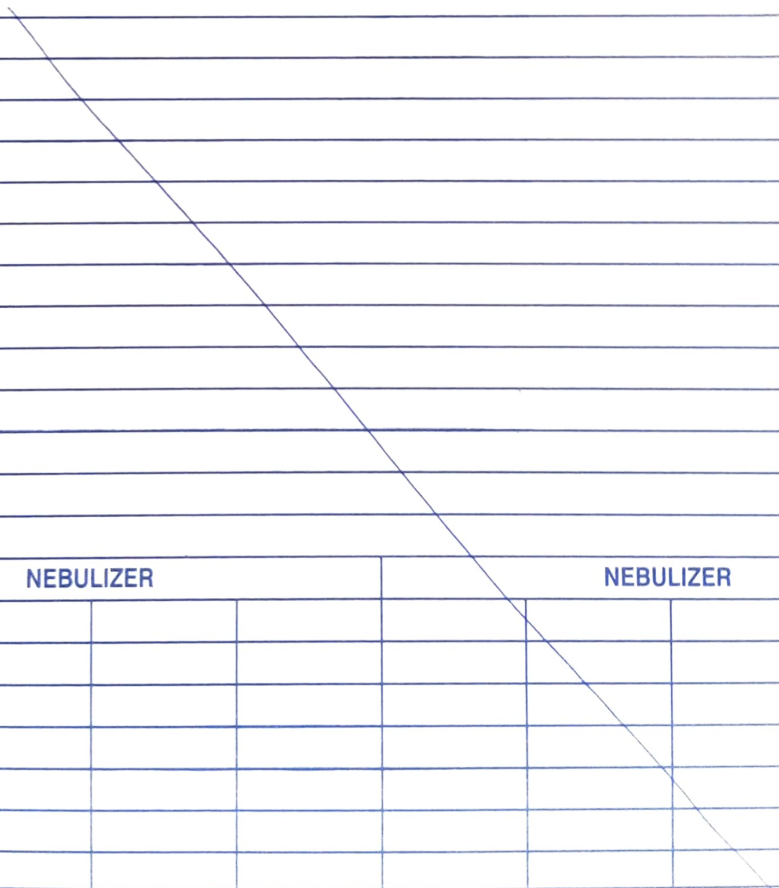
CBG



CBG

Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Naumadha	17/9/24	18/9/24					
OP Fee (1) +	(1) +	(1)					
DR. Utopinath	18/9/24						
	1						
PHARMACY			AMBULANCE				
OT DRUGS REPLACED :							
BILL CLEARED :							
RETURNS CHECKED :							
18/9/24							
Other Procedures : (specify) :- USG Abdomen done PP Scan Centre (Overnight)							
Admission Officer : <i>Luna</i> D.O.A: 17/9/24. D.O.D: 18/9/24. <i>Dr. Utopinath</i> Sister In-charge <i>Am.</i>							