



Patient Name

IP No.

Room No.

Baby.YOSHITHA

Female MIIIV202404670

16/09/2024/IPV2024000856

Dr.SASIKALA



BILLING CARD

19 SEP 2024

307

MH/ PRINT / 0007 / BILL / FO

D.O.A. 16/09/24 Time 10.40pm

Rent Per Day

1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/9/24	10.30pm	ER	ward	Jaya 20135

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

[illegible]

LABORATORY

17/9/24	Denghe NSI (5852)	Urino Routine (5862)
18/9/24	Chc, C.R.P (5901)	
19/9/24	C.R.P (5952)	

[illegible]

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