

BILLING CARD

Patient Name **Mrs. KRISHNAVENT**
85/Female/MIC202474132
18/09/2024/TPC2024002538

IP No. _____
Room No. _____
Dr. ARTII



TRANSFER DETAILS

Rent Per Day **3300/-**

Date	Time	From	To	Nurse's Signature
19/9/24	2pm	Stepdown 2nd to	7th floor R.NO: 62 (NON AC)	Gilt

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 : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
18/9/24	9 am	18/9/24	6pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
18/9/24	9 am	18/9/24	6pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

Step down

D = Ploor ICU

62

D.O.A. 18/9/24 Time 08:5

[illegible]

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	Sevoflurane / Isoflurane :
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[illegible]

