

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Baby. Rakshan. T.D.O.A 20/9/24 Time 5pm.IP No. 2024001211Room No. Nice.Rent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
20/9/24	5pm	Loodh Hospital	Nice	S/A P. R. Anil Kumar
22/9/24	12pm	Nice	2nd floor	S/N. R. Anil Kumar

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
20/9/24	5pm	22/9/24	12pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/9/24	5pm	20/9/24	11 pm				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

[illegible]

21/9/24

CBC, CRP (11978)

[illegible]

Ref: Lourde Hospital - MV.

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