

BILLING CARD



Patient Name

Mrs.PUNITHAVATHY T

68/Female/MHI202485946

23/09/2024, IP112024002240

Dr.G. GNANAVELU

D.O.A. 23/09/24 Time 11:08 AM

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

R/L

Date	Time	From	To	Nurse's Signature
23/9/24	11.10	ADM	RL	WJ Obe
23/9/24	14.100 -	RL	CATH LAB	

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. monphi:
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]