



BILLING CARD



Patient Name

IP No.

Room No.

Mr.MURALI (ESI)

50/Male/MHI202485992

26/09/2024:IP112024002273

Dr.K.JAISIAANKAR



D.O.A. 26/9/24 Time 10.34AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
26/09/24	10.40	FRONT OFFICE	RL	NA 0345
26/09/24	11.15	RL	Calhlab	NA 0345
26/9/24	12.00	Calhlab	RL	NA

OPERATION THEATRE

Date	:	26.9.24	OT No.	:	Calhlab
Surgeon	:	Dr. J	Start Time	:	11.28 AM
I Asst. Surgeon	:		End Time	:	11.40 AM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Prig	Arthroscopy	:	
Name of Surgery	:	CA	Laproscopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl : 2ml 10ml/inj. monphi:	:	
			Others	:	

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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