

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name No. k. VenkatesanD.O.A 25/9/14 Time 2:00pmIP No. 2024001236Room No. 8/10-mRent Per Day 1000/-**TRANSFER DETAILS**

| Date    | Time | From     | To     | Sister Signature |
|---------|------|----------|--------|------------------|
| 25/9/14 | 3PM  | Casualty | 8/10-m | S/N. Subarna     |
|         |      |          |        |                  |
|         |      |          |        |                  |
|         |      |          |        |                  |
|         |      |          |        |                  |

**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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

**OXYGEN****SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

**ALPHA BED / SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |



[illegible]

[illegible]

## AMBULANCE

OT DRUGS REPLACED : Total : 4055 /-  
BILL CLEARED :  
RETURNS CHECKED : NO due.

Other Procedures : (specify) :-

Admission Officer :

B. Amuch  
Sister In-charge

28/9/2