

BILLING CARD

D - Floor C-2001

Patient Name **B.O.PUSHPA RANI**
0 Female MIIC202474848
IP No. 27.09/2024/IPC2024002671
Room No. Dr. HUMAYOON

D.O.A. 27/9/24 Time 06:34

Rent Per Day No Rent

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

[illegible]

CBG				ABG			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	ACT NUMBERS
Date							

PHYSIOTHERAPY

PHYSIOTHERAPY

[illegible]

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[illegible]