

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. BANUPRIYA.VD.O.A. 29/9/24 Time 13:30pmIP No. 20 DA001255Room No. 209Rent Per Day 2500**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
29/9/24	2pm	ceeswalty	OT	P. V. N. de Silva
29/9/24	3:40pm	OT	II nd floor	P. V. N. de Silva

OPERATION THEATRE

Date	:	29/9/24	OT No.	:	II nd OT
Surgeon	:	Dr. Anandh	Start Time	:	2:30pm
I Asst. Surgeon	:	-	End Time	:	3:30pm
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	-
Anaesthetist	:	Dr. Tamuna VSA	C-Arm	:	-
OT Nurse	:	Ramya	Arthroscopy	:	-
Name of Surgery	:	Emergency Lcs	Laprosopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	O2 used 10 hours

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]

Date _____

LABORATORY

209 | 9 | 24

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BT. 6

~~Ref~~

(OPKB202405158.)

30/10/21

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