

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Bb. Thilagawathy. RD.O.A. 7/10/24 Time 16:50pmIP No. 20241001289Room No. C/BRent Per Day C/B**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
7/10/24	4:50pm	sturgis	enclax	may

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

10/10/24

SOP, TST (12839)
Blood group and RH Typing (12849)

[illegible]

[illegible]