

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mrs. Malathi. KD.O.A. 12/10/24 Time 1:30 pmIP No. 1PKB2024001312Room No. 209Rent Per Day 2000 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
12/10/24	1:45 PM	Casualty	Dr. J. J. J.	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

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

[illegible]

Date	LABORATORY
10/12/24	REF. Sr. Electrolytes, Urine routine

[Topic 6802405154]

[illegible]

CBG

x	y
2	9
3	7.5
4	6
5	4.5
6	3
7	1.5
8	0.5
9	0.2
10	0.1

[illegible]

Date _____

PHYSIOTHERAPY

[illegible][illegible]

