



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. Aaliya Pathans

D.O.A. 13/10/24 Time 1:10pm

IP No. 2024001315

Room No. 203

Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/10/24	1:30pm	Casualty	2nd floor	P. Vinodhini

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

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	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

[illegible]

AMBULANCE

RETURNS CHECKED :

14/10/24 - single Surdau phototherapy 10 hours given

verified by
B. Glarini
14/10/24 12:30pm

Admission Officer :

Sister In-charge