



BILLING CARD



MR. MOHAMED ABDUL KHADIR K

65/Malc/MH1202486336

14/10/2024/1PH2024002418

Dr.G. GNANAVELU /



ETY FIRST

D.O.A. 4/10/2024 Time 12:05 PM

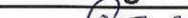
Patient Name

IP No. _____

Room No.

TRANSFER DETAILS

Rent Per Day \$2

Date	Time	From	To	Nurse's Signature
12/10/24	12:20	FO	PL	
12/10/24	15:10	PL	auth lab	

OPERATION THEATRE

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 : 2ml 10ml/inj. monphi:
	Others :

MONITOR

INFUSION PUMP

INFORMATION				DISCONNECT FORM			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]