



# **BILLING CARD**

Patient Name Mrs. Indrakumari D.O.A. 29.12.23 Time 10:00 AM  
 IP No. IPM 2023001076  
 Room No. I<sup>st</sup> floor Rent Per Day 4000/-

## **TRANSFER DET AILS**

| Date     | Time     | From | To                     | Sister Signature |
|----------|----------|------|------------------------|------------------|
| 29/12/23 | 11 Am.   | ER   | 10 <sup>th</sup> Floor | S/N Sneha        |
| 29/12/23 | 12:10 pm | OT   | 1 <sup>st</sup> Floor  | Vasantha 317d    |
| 29/12/23 | 1        |      |                        |                  |
|          |          |      |                        |                  |
|          |          |      |                        |                  |

## **OPERATION THEA TRE**

|                   |                            |                          |             |
|-------------------|----------------------------|--------------------------|-------------|
| Date              | : 29/12/2023               | OT No.                   | : OT-1      |
| Surgeon           | : DR. SARALA               | Start Time               | : 11:30 AM  |
| I Asst. Surgeon   | :                          | End Time                 | : 12:00 pm. |
| II Asst. Surgeon  | :                          | Dis. Pack                | :           |
| III Asst. Surgeon | :                          | Diathermy                | :           |
| Anaesthetist      | : DR. BALANANI             | C-Arm                    | :           |
| OT Nurse          | : VASANTHA                 | Arthroscopy              | :           |
| Name of Surgery   | : (Rt) LABIA MAJORA        | Laproscopy               | :           |
|                   | : GROWTH EXULSION & BIOPSY | Sevoflurane / Isoflurane | :           |
|                   | : LA                       | Inj. Fentanyl            | :           |
|                   |                            | Others                   | :           |

### **MONITOR**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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### **INFUSION PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### **OXYGEN**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
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### **SYRINGE PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### **ALPHA BED / SCD PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### **VENTILATOR**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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|      |       |      |            |

## OPERATION THEA TRE

|                     |                            |
|---------------------|----------------------------|
| 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 :                   |

[illegible]

**RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER**

[illegible]

|     |     |
|-----|-----|
| CBG | CBG |
|-----|-----|

[illegible]

|      |               |
|------|---------------|
| Date | PHYSIOTHERAPY |
|------|---------------|

[illegible]

|           |           |
|-----------|-----------|
| NEBULIZER | NEBULIZER |
|-----------|-----------|

[illegible]

