

A Floor

Non (A/C)

BILLING CARD

CASH

Patient Name: Mrs. CHITHRA 24/Female/MHC202402976D.O.A. 22/1/24 Time 8.53 PMIP No. 22/01/2024/IPC2024000202Room No. Dr. VALLIAMMAL KRent Per Day 1850/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature
23/1/24	9.40 pm	57 NER AL	1st Floor 14 Non AC	J.K

OPERATION THEATRE

Date	: 24/01/24	OT No.	: T
Surgeon	: DR. Valliammal	Start Time	: 11:50
I Asst. Surgeon	: DR. Sabikala	End Time	: 12:35
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. M. Ravi Kumar	C-Arm	: -
OT Nurse	: Annis, Yoga	Arthroscopy	: -
Name of Surgery	: LSES	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	Forbwin (1)
		Others	: -

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

Date _____

LABORATORY

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
23/01/24	OBSTETRICS - 1014			due	Dr. Amer		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
26/1/24	physiotherapy given — ① + ①						
27/1/24	physiotherapy given — ① + ①						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS