

2 FLOOR (non A/C)

BILLING CARD

CASH

Mrs. AARTHI

Patient Name 30/Female/MHC202403301

D.O.A. 21/1/24 Time 7.59 PM

IP No. 21/01/2024/IPC2024000190

Room No. Dr. THENMOZHI

Rent Per Day 11850/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	22/01/24	OT No. :	2
Surgeon :	DR. THENMOZHI	Start Time :	10.00 AM
I Asst. Surgeon :		End Time :	10.45 AM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	DR. Ravi Kumar	C-Arm :	
OT Nurse :	ANNIS, REGINA	Arthroscopy :	
Name of Surgery :	LSCS C ST.	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	
		Others :	7. FORTWIN 1

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

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANSFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCEDURES :

Nil

D.O.A - 21/1/24.

D.O.D - 26/1/24.

time: 12 pm.

2. A

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 :

[illegible]

[illegible]