

11 Floor non(ALL)

BILLING CARD

CAS A

Mrs.SUMATHI

Patient Name 31/Female/MHC202403484

22/01/2024/IPC2024000201

IP No. Dr.VALLIAMMAL K

Room No. 

ward (13) 5

D.O.A. 22/1/24 Time 8:01 PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 23/01/24	OT No.	: ①
Surgeon	: DR. Valliammal	Start Time	: 12-30 pm
I Asst. Surgeon	:	End Time	: 1-00 pm
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVIKUMAR	C-Arm	:
OT Nurse	: ANNIS	Arthroscopy	:
Name of Surgery	: MTP & Lap ST	Laproscopy	: Camera, Monitor, Instrument
		Sevoflurane / Isoflurane	: 500/-
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine
		Others	: Drip

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

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY						

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS