

1ST FLOOR
BILLING CARD



Mrs. MAHALAKSHMI B

45/Female/MHC202404232

27/01/2024/IPC2024000273

Patient Name

IP No.

Room No.

Dr. SASIKALA



NDNA/L

D.O.A. 27/1/24 Time 06.22PM

CASH

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>28/01/24</u>	OT No. :	<u>①</u>
Surgeon :	<u>DR. SASIKALA</u>	Start Time :	<u>8.30 AM</u>
I Asst. Surgeon :	<u> </u>	End Time :	<u>10.30 AM</u>
II Asst. Surgeon :	<u> </u>	Dis. Pack :	<u> </u>
III Asst. Surgeon :	<u>DR. VALLI</u>	Diathermy :	<u> </u>
Anaesthetist :	<u>DR. RAVI KUMAR</u>	C-Arm :	<u> </u>
OT Nurse :	<u>ANNIS</u>	Arthroscopy :	<u> </u>
Name of Surgery :	<u>LAVH</u>	Laproscopy :	<u>Instruments only</u>
		Sevoflurane / Isoflurane :	<u>2000g</u>
		Inj. Fentanyl : <u>20ml</u> / Inj. Morphine :	<u>① Amp</u>
		Others :	<u>LARGE Biopsy ①</u>

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

28/1/24	large biopsy	202401391
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

27/1

CHART PT

DRP

2-25/24

01440

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

29/1/24

physiotherapy given — (1) + (1)

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS