

I floor cash

**BILLING CARD** Gen. ward - 13

Patient Name Mrs. SANGEETHA  
IP No. 29/Female/MHC202404488  
Room No. 29/01/2024/IPC2024000305  
Dr. SASIKALA

D.O.A. 29/1/24 Time 01:51pm

Rent Per Day 1500/-

**RANSFER DETAILS**

| Date | To | Nurse's Signature |
|------|----|-------------------|
|      |    |                   |
|      |    |                   |
|      |    |                   |
|      |    |                   |
|      |    |                   |
|      |    |                   |
|      |    |                   |

**OPERATION THEATRE**

|                                     |                                            |
|-------------------------------------|--------------------------------------------|
| Date : <u>29/01/24</u>              | OT No. : <u>02</u>                         |
| Surgeon : <u>Dr. Sasikala</u>       | Start Time : <u>9.00pm</u>                 |
| I Asst. Surgeon : <u>-</u>          | End Time : <u>9.30pm</u>                   |
| II Asst. Surgeon : <u>-</u>         | Dis. Pack : <u>-</u>                       |
| III Asst. Surgeon : <u>-</u>        | Diathermy : <u>-</u>                       |
| Anaesthetist : <u>Dr. Ravikumal</u> | C-Arm : <u>-</u>                           |
| OT Nurse : <u>Ravathi</u>           | Arthroscopy : <u>-</u>                     |
| Name of Surgery : <u>D &amp; C</u>  | Laproscopy : <u>-</u>                      |
|                                     | Sevoflurane / Isoflurane : <u>-</u>        |
|                                     | Inj. Fentanyl : <u>2ml</u> / Inj. Morphine |
|                                     | Others : <u>-</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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

[illegible]



## 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]

