

1st FLOOR

BILLING CARD

Patient Name MRS. DHANA PRIYA 13 G/W D.O.A. 04/02/24 Time 10.00AM
IP No. 367/24
Room No. MHC 202405351 Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>4/2/24</u>	OT No. : <u>11</u>
Surgeon : <u>Dr. Sasi kaler</u>	Start Time : <u>2.00 PM</u>
I Asst. Surgeon : <u> </u>	End Time : <u>3.30 pm</u>
II Asst. Surgeon : <u> </u>	Dis. Pack : <u> </u>
III Asst. Surgeon : <u> </u>	Diathermy : <u> </u>
Anaesthetist : <u>Dr. Ravikumar</u>	C-Arm : <u> </u>
OT Nurse : <u>SIN. Anjue</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>Curetage</u>	Laproscopy : <u> </u>
	Sevoflurane / Isoflurane : <u> </u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine 1 Amp</u>
	Others : <u>BIOPSY HPE - 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

4/2/24 HPE 1 / small biopsy 01674

