

DOA : 4/2/24. at : 2.54 pm

DOB : 5/2/24 at : 4.30 pm

DMS ?

IP \$1000



BILLING CARD

Patient Name MS. Rupika S

D.O.A. 04/02/24 Time 02:54 PM

IP No. 0370/24

Room No. _____

Rent Per Day 2900 /-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>05/02/24</u>	OT No. : <u>01</u>
Surgeon : <u>DR. Srikola</u>	Start Time : <u>6.15 AM</u>
I Asst. Surgeon : <u>DR. Valliyammal</u>	End Time : <u>7.00 AM</u>
II Asst. Surgeon : _____	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : <u>DR. Ravikumall</u>	C-Arm : _____
OT Nurse : <u>Regina</u>	Arthroscopy : _____
Name of Surgery : <u>D-Lap</u>	Laproscopy : <u>Used</u>
	Sevoflurane / Isoflurane : <u>500/-</u>
	Inj. Fentanyl : <u>2ml</u> 10ml/Inj. Morphine
	Others : _____

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

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OPERATION THEATRE	
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Date : _____

OT. No.

Surgeon :

Start Time	
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I Asst. Surgeon :

Start Time	
End Time	

II Asst Surgeon :

End Time	11:00
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III Asst. Surgeon

Dis. Pack	:
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III Asst. Surgeon :

Diathermy :

Anaesthetist :

C-Arm	:
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OT Nurse :

Arthroscopy	:
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Laparoscopy:

Laparoscopy :

Sevoflurane / Isoflurane :

Date _____

LABORATORY	
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PHYSIOTHERAPY

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS