

DOA : 4/2/24 at : 2.54 pm
DOB : 5/2/24 at : 4.30 pm

INS ?

IN \$1000

BILLING CARD

Patient Name MS. RUPIKA S

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

IP No. 0370/24

ED

Room No. _____

Rent Per Day 2900 /-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

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

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE	
Date	

Date: _____

OT. No. :

Surgeon :

Start Time	
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Asst Surgeon

Start Time	:
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11 Acct. Sum.

End Time	:
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Asst. Surgeon : _____

Dis. Pack	:
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Mr Asst. Surgeon :

Diathermy :

Anaesthetist :

C-Arm

OT Nurse :

Arthroscopy

Laparoscopy :

Sevoflurane / Isoflurane :

Date: _____

	Others	:
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[illegible]

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

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS