

1 Floor

BILLING CARD



Patient Name **Mrs.KUMARI .S**
36/Female/MHC202405531
IP No. **05/02/2024/IPC2024000381**
Room No. **Dr.SASIKALA**

GW(13)

D.O.A. **5/2/24** Time **12.30pm**

Rent Per Day **1,500/-**



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 05/02/24	OT No.	: ②
Surgeon	: DR. SASIKALA	Start Time	: 2.30 PM
I Asst. Surgeon	: -	End Time	: 3.00 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. RAVIKUMAR	C-Arm	: -
OT Nurse	: YOGA	Arthroscopy	: -
Name of Surgery	: DSC	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine ④ Amp
		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

OPERATION THEATRE	
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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