

I Floor (Non-A/c)

BILLING CARD

Cash

Patient Name **Mrs. VIJAYA LAKSHMI**
IP No. 44/Female/MHC202405674
Room No. 18/02/2024/IPC2024000551
Dr. VALLIAMMAL K

D.O.A. 18/12/24 Time 9:55 PM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 19/02/24	OT No.	: ②
Surgeon	: DR. VALLI	Start Time	: 7.15AM
I Asst. Surgeon	: —	End Time	: 8.15AM
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. Ravi Kumar	C-Arm	: —
OT Nurse	: YOGA	Arthroscopy	: —
Name of Surgery	: TAH BSO	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	
		Others	: HPE 3 LARGE BIOPSY ①

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 :

Date

LABORATORY

19/2/24 HPF-3 — 2 202402570.