

15 floors
cash

BILLING CARD

No n - Ae - ROOM - 9

Patient Name _____

Master. KURAL AMUTHAN

11/Male/MHC202405734

D.O.A. 11/2/24 Time 09:05 AM

IP No. _____

11/02/2024/IPC2024000456

Room No. _____

Dr. SHEETAL



Rent Per Day 1800/-

DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 11/2/24	OT No.	: 1
Surgeon	: Dr. sheetal	Start Time	: 2.40 PM
I Asst. Surgeon	: -	End Time	: 4.00 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Arthi	C-Arm	: -
OT Nurse	: Rejina	Arthroscopy	: -
Name of Surgery	: Septo Plasty	Laproscopy	: used Camera only
		Sevoflurane / Isoflurane	: 1500/-
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine 1 amp
		Others	: Nasal Pack - (2)

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 :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
11/02/20	CAX P ₀₂			Due	Ab	3 2084	
11/02/20	Fem.			Due	854		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS