

I floor

cash

gen. ward - 89

D.O.A. 12/2/24 Time 03:56pm

Rent Per Day

1500/-

BILLING CARD

Patient Name

Mrs. KEERTHANA

26/Female/MHC202406091

IP No.

12/02/2024/IPC2024000479

Room No.

Dr. VALLIAMMAL K

**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 13/02/24	OT No. : 02
Surgeon : DR. Valliyammal	Start Time : 8:00pm
I Asst. Surgeon : DR. Saeikala	End Time : 8:30pm
II Asst. Surgeon : —	Dis. Pack : —
III Asst. Surgeon : —	Diathermy : —
Anaesthetist : DR. Ravicumar	C-Arm : —
OT Nurse : Yogita	Arthroscopy : —
Name of Surgery : D & C	Laproscopy : —
13/02/24, Time: 5.25pm Labar	Sevoflurane / Isoflurane : —
Room Exptal.	Inj. Fentanyl : 2ml 10ml/Inj. Morphine 1cc
	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	
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

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS