BILLING CARD

Patient Name: Mrs.PAVLIN SHEELA
28/Female/MHM202403601
10/02/2024/IPM2024000100
Dr.SARALA

IP No. _____

Room No. ___

D.O.A. 10/2/24 Time 2:00 Pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/2/24	3 Pm	ER	OT	S/N Thilaga
10/2/24	4.50 Pm	OT	3rd FLOOR 302	3171
	~~By~~			

OPERATION THEA TRE

Date	: 10.2.24	OT No.	: 01
Surgeon	: DR. Sarala	Start Time	: 3.15 pm
I Asst. Surgeon	:	End Time	: 4.15 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used
Anaesthetist	: DR. SUNDAR	C-Arm	:
OT Nurse	: S/N Vasantha Kathi	Arthroscopy	:
Name of Surgery	: Emergency LSCS & Sterilization. Both Side. Done W SD.	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: KMR.
		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 / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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
	Anaesthesia,

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

CBG

10/2/24	2 (09 12)		
11/2/24	1 (09 12)		
11/2/24	1 (09 33)		
12/2/24	1 (09 46)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sasale	10/2/24	10/2/24	11/2/24	12/2/24	12/2/24	13/2/24	14/2/24

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :- OT clenene done By Renu 30/2

Catheterization done in OT. at 3 pm

CTU — (1)

Admission Officer

Sister In-charge