

1 Floor

Rec. 12:00

BILLING CARD

CASH

Patient Name

Mrs. SARANYA

D.O.A. 11/2/24 Time 1.41 AM

IP No.

24 / Female / MHC202406391

11/02/2024 / IPC2024000452

Room No.

Dr. MALINI

Rent Per Day 1500/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 11/2/24	OT No. :
Surgeon : DR. malini	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist : DR. Day Kumar	C-Arm :
OT Nurse : Yoge	Arthroscopy :
Name of Surgery : NVD	Laproscopy :
Labour Room charge	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	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. :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

10/2/24 HB, BT, CT, RBS, urine (R) - 202402068.

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS