

**BILLING CARD**  
CASH

(61/60)

1365

Patient Name **Mrs. INDHUMATHI**  
28/Female/MHC202406617  
IP No. **22/07/2024/IPC2024002005**  
Room No. **Dr. VALLIAMMAL K**

D.O.A. **22/7/24** Time **9.56 PM**

Rent Per Day **1,500/-**

**TRANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
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**OPERATION THEATRE**

|                   |   |                       |                          |   |                               |
|-------------------|---|-----------------------|--------------------------|---|-------------------------------|
| Date              | : | <b>23/07/24</b>       | OT No.                   | : | <b>①</b>                      |
| Surgeon           | : | <b>DR. VALLI</b>      | Start Time               | : | <b>9.15 AM</b>                |
| I Asst. Surgeon   | : |                       | End Time                 | : | <b>9.45 AM</b>                |
| II Asst. Surgeon  | : | <b>DR. SASIKACA</b>   | Dis. Pack                | : |                               |
| III Asst. Surgeon | : |                       | Diathermy                | : |                               |
| Anaesthetist      | : | <b>DR. RAVI KUMAR</b> | C-Arm                    | : |                               |
| OT Nurse          | : | <b>BRI MATHI</b>      | Arthroscopy              | : |                               |
| Name of Surgery   | : | <b>MTP 2 Loop ST</b>  | Laproscopy               | : | <b>INSTRUMENTS ONLY</b>       |
|                   |   |                       | Sevoflurane / Isoflurane | : |                               |
|                   |   |                       | Inj. Fentanyl            | : | <b>2ml 10ml/Inj. Morphine</b> |
|                   |   |                       | Others                   | : | <b>① Amp</b>                  |

**MONITOR**

**INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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**OXYGEN**

**SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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**ALPHA BED**

**SCD PUMP**

**VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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| 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]

[illegible]