

1 Floor

BILLING CARD

CASH

Patient Name **Mrs. RATHI**
58 / Female / MHC202406841
IP No. **13/02/2024/IPC2024000493**
Room No. **Dr. VALLIAMMAL K**

Now Alc Room. D.O.A. **13/2/24** Time **7.49 PM**
5

Rent Per Day **1,850/-**



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	14/02/24	OT No. :	(2)
Surgeon :	DR. VALLI	Start Time :	9.00 AM
I Asst. Surgeon :		End Time :	10.00 AM
II Asst. Surgeon :	DR. SASIKALA	Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	DR. RAVI KUMAR	C-Arm :	
OT Nurse :	REGINA	Arthroscopy :	
Name of Surgery :	VH	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10mg / Inj. Morphine (1) AMP	
		Others : HPE. 2 MEDIUM Biopsy	

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 :

Date	LABORATORY
14/2/24	FBS, Urine Sugar, Urine Albumin - 202402237
14/2/24	HPE - 2 - 202402277
15/2/24	FBS - 202402324
16/2/24	FBS - 202402385
17/2/24	FBS - 202402447
17/2/24	PPBS - 202402450
14/2/24	CBC - 202402286

[illegible]