

BILLING CARD

CASH

Patient Name

IP No.

Room No.

Mrs. SARASWATHI

43/Female/MHC202407156

16/02/2024/IPC2024000511

Dr. MALINI

D.O.A. 16/2/24 Time 7:30 AM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	To	Nurse's Signature

OPERATION THEATRE

Date	: 16/02/24	OT No.	: 2
Surgeon	: DR. Malini	Start Time	: 8:30 AM
I Asst. Surgeon	: —	End Time	: 9:00 AM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. Ravi Kumar	C-Arm	: —
OT Nurse	: YOGA	Arthroscopy	: —
Name of Surgery	: PIC	Laprosocopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl : 2mg/10ml / Inj. Morphine	: 5 Amp
		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

[illegible]

OPERATION THEATRE	
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

