

BILLING CARD

CASH

Patient Name **Mrs. MALINI**
IP No. **34/Female/MHC202407191**
Room No. **17/02/2024/IPC2024000538**
Dr. VALLIAMMAL K

D.O.A. **17/12/24** Time **10.23 PM**

Rent Per Day **2,900/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 18/02/24	OT No.	: ①
Surgeon	: DR. VALLI	Start Time	: 9.30 AM
I Asst. Surgeon	: 	End Time	: 10.00 AM
II Asst. Surgeon	: DR. SABIKALA	Dis. Pack	:
III Asst. Surgeon	: 	Diathermy	:
Anaesthetist	: DR. Ravi Kumar	C-Arm	:
OT Nurse	: REGINA	Arthroscopy	:
Name of Surgery	: MTP-C Lap ST	Laproscopy	: Camera, MONITOR, Lap Instr
		Sevoflurane	: 500
		Inj. Fentanyl	: 20ml
		Inj. Morphine	: DAMP
		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

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NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

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]