

7 F1007 (Gr/w)

BILLING CARD

CASH

Patient Name Mrs. ANITHA
26/Female/MHC202407286
IP No. 17/02/2024/IPC2024000526
Room No. Dr. SASIKALA

D.O.A. 17/2/24 Time 7.08 AM

Rent Per Day 1,500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 17/2/24	OT No.	: 2
Surgeon	: DR. Sankala	Start Time	: 1.00 pm
I Asst. Surgeon	: —	End Time	: 1.30 pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. Ravi Kumar	C-Arm	: —
OT Nurse	: S/N Regino.	Arthroscopy	: —
Name of Surgery	: Labour Room Expel.	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: Damp
		Others	: —

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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 :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS