

1 floor

Cash

NON-AC-ROOM



# BILLING CARD

Patient Name Mrs. JENIPA  
 31/Female/MHC202408060  
 IP No. 01/03/2024/IPC2024000681  
 Room No. Dr. VALLIAMMAL K

D.O.A. 1/3/24 Time 09:30pm

Rent Per Day 1800/-



## ISFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |

## OPERATION THEATRE

|                   |                  |                          |                                |
|-------------------|------------------|--------------------------|--------------------------------|
| Date              | : 02/03/24       | OT No.                   | : I                            |
| Surgeon           | : Dr. Valliammal | Start Time               | : 9.00 am                      |
| I Asst. Surgeon   | : Dr. Sasikala   | End Time                 | : 9.30 am                      |
| II Asst. Surgeon  | :                | Dis. Pack                | : —                            |
| III Asst. Surgeon | :                | Diathermy                | : —                            |
| Anaesthetist      | : Dr. Ravikumar  | C-Arm                    | : —                            |
| OT Nurse          | : S/N. yoga      | Arthroscopy              | : —                            |
| Name of Surgery   | : MTP C Lap ST   | Laproscopy               | : Camera, MONITOR, INSTRUMENT  |
|                   |                  | Sevoflurane / Isoflurane | : 500/                         |
|                   |                  | Inj. Fentanyl            | : 2ml 10ml/Inj. Morphine 1 AMP |
|                   |                  | Others                   | :                              |

## 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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## PHYSIOTHERAPY

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.[illegible]

| 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]