

I floor cash

BILLING CARD

gen. ward J9

D.O.A. 22/2/24 Time 10:28pm

Patient Name

IP No.

Room No.

Ms. SWETHA

23/Female/MHC202408083

22/02/2024/IPC2024000596

Dr. VALLIAMMAL K



Rent Per Day

1800 /-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 23/02/24	OT No.	: 11
Surgeon	: Dr. Valliammal	Start Time	: 2.00 PM
I Asst. Surgeon	: Dr. Sasikala	End Time	: 2.30 PM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: Dr. Ravikumar	C-Arm	: —
OT Nurse	: S/N. Yoga	Arthroscopy	: —
Name of Surgery	: Bartholine Cyst	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine 1 Amp
		Others	: Inj. Ketamine 1ml

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

20/12/24

HB, BT, CT, RBS

- 2402771

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

[illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS