

BILLING CARD

Cash

14

Re-9.40 A

Patient Name **Mrs. BHAVANI**
28/Female/MHC202408603
12/04/2024/IPC2024001083
IP No. **Dr. VALLIAMMAL K**
Room No. 

Non A/C Room D.O.A. 1 12/24 Time 7:30 pm.

Rent Per Day **1850/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 13/04/24	OT No.	: 02
Surgeon	: DR. VALLIAMMAL	Start Time	: 7:45 AM
I Asst. Surgeon	: DR. Sasi Kala	End Time	: 8:30 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Ravi Kumar	C-Arm	: -
OT Nurse	: Yoga	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine
		Others	: Fortwin — 1 Amp

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 :

[illegible]

