

I floor
Non-AE-ROOM



Mrs. CHITRA KALA

28 / Female / MHC202408689

Patient Name 27/02/2024 / IPC2024000647

IP No. Dr. VALLIAMMAL K

Room No.

BILLING CARD

cash

15

D.O.A. 27/2/2024 Time 11:39pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	28/02/24	OT No.	:	①
Surgeon	:	DR. Vaili	Start Time	:	8.45AM
I Asst. Surgeon	:		End Time	:	9.30AM
II Asst. Surgeon	:	DR. SASIKALA	Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	DR. RAVIKUMAR	C-Arm	:	
OT Nurse	:	REGINA, Kavi	Arthroscopy	:	
Name of Surgery	:	LSCS	Laproscope	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl : 2ml 10ml / Inj. Morphine	:	
			Others	:	J. FORTWIN ①

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

271224

CBC, B7, CT, UIR, sugar + 2403019

