

BILLING CARD
CASH

(NON A/C)

Patient Name **Mrs. MONISHA.G**
23/Female/MHC202408789
IP No. **13/03/2024/IPC2024000815**
Room No. **Dr. VALLIAMMAL K**

D.O.A. **13/3/24** Time **6:38 AM**

Rent Per Day **12850/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 13/03/24	OT No.	: ②
Surgeon	: DR. VALLI	Start Time	: 10.06 AM
I Asst. Surgeon	:	End Time	: 10.45 AM
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVI KUMAR	C-Arm	:
OT Nurse	: Regina	Arthroscopy	:
Name of Surgery	: LCS	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	:

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

[illegible]

[illegible]

LABORATORY

CBC, BT, LF, RBS, LFT, urea, ~~and~~ uric acid?

U/R, uric Acid

202903867