

BILLING CARD

Cash
Non - Ac - Room

Mrs. VANMATHI

30 / Female / MHC202408932

29 / 02 / 2024 / IPC2024000664

Dr. CHAKKARAVARTHI



Patient Name

IP No.

Room No.

D.O.A. 2/2/24 Time 08:52pm

Rent Per Day 1850/- 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
2/3/24	7.30am	NON AC	AC ROOM	[Signature]

OPERATION THEATRE

Date	:	1/03/24	OT No.	:	(2)
Surgeon	:	DR. ARL	Start Time	:	9.30AM
I Asst. Surgeon	:		End Time	:	10.15AM
II Asst. Surgeon	:	DR. Yalki	Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	DR. PDR	C-Arm	:	
OT Nurse	:	REGINA	Arthroscopy	:	
Name of Surgery	:	LSCS	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

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
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[illegible]

