

I floor
cash

BILLING CARD

AC ROOM -

Patient Name _____

Mrs. SARANYA

33/ Female/MHC202409154

D.O.A. 2/3/24 Time 7:54pm

IP No. _____

02/03/2024/IPC2024000693

Dr. SASIKALA

Room No. _____



Rent Per Day 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
4/3/24	8 AM	ROOM NO : 1	to 11 Shifted → AC Room.	
		AC/ to AC		

OPERATION THEATRE

Date	: 4/3/2024	OT No.	: 1
Surgeon	: DR: Sasikala	Start Time	: 7:15 AM
I Asst. Surgeon	: -	End Time	: 7:45 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. M. Ravi Kumar	C-Arm	: -
OT Nurse	: SN Poggira	Arthroscopy	: -
Name of Surgery	: DSC	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: 1 amp
		Others	: -

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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 :

LABORATORY

[illegible]

