

BILLING CARD

Mrs. SHYAMALA DEVI

Med 42/Female/MHC202409614
pi (A) 06/03/2024/IPC2024000745

Pati Dr.SASIKALA

IP N

Hyamala Devi
421f.

D.O.A. 06/3/24 Time 3:47 pm

Room No. _____

Rent Per Day Rs. 1850/-

TRANSFER DETAILS

[illegible]

OPERATION THEATRE

Date : 7/03/24	OT No. : ①
Surgeon : DR. SASIKALA	Start Time : 9.45 AM
I Asst. Surgeon : _____	End Time : 10.30 AM
II Asst. Surgeon : _____	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : DR. Ravi Kumar	C-Arm : _____
OT Nurse : REGINA	Arthroscopy : _____
Name of Surgery : ① Lap Ovarian cyst	Laproscopy : CAMERA, MONITOR, Lap Instrument
	Sevoflurane / Isoflurane : 100%
	Inj. Fentanyl : 2ml / 10ml / Inj. Morphine ① Amp
	Others : HPE ① Small Biopsy ①
MONITOR	INFUSION PUMP HPE ② Medium Biopsy

MONITOR

[illegible]

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date

VENTILATOR

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

7/3/24 HPE-1 Small Biopsy, HPE-2 medium - 208403577

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
06/03/24	ECG			Due	S. Datta		
6/13/24	CHART			Due	2.2.24		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

03635