BILLING CARD

Patient Name: Mrs.KRISHNAKUMARI S
58/Female/MHM202404021
12/03/2024/IPM2024000205
Dr.SARALA

INSURANCE

IP No. _____

Room No. ___

D.O.A. 12/3/24 Time 6.30 AM

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/3/24	6.30am	ER	3rd floor	Sandhya
12.3.2024	10.00am	3rd floor	OT	3176.
12.3.2024	10.45am	OT	3rd floor	Nath 3457

OPERATION THEA TRE

Date	: 12.03.2024	OT No.	: I
Surgeon	: Dr. Sarala	Start Time	: 10.15am
I Asst. Surgeon	:	End Time	: 10.30am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Balamani	C-Arm	:
OT Nurse	: Maithili. V	Arthroscopy	:
Name of Surgery	: D&C Endometrium curettage & Cervix biopsy taken	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: Inj - Ketamine 1ml used

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			

CBG			
12/8/24	CBG (R) (17/7)		

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sarale	12/3/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

OT clearance

Admission Officer

Sister In-charge