



BILLING CARD

Patient Name MRS. SHANMUGARADIYUR

D.O.A. 11/3/24 Time 08.10AM

IP No. 2024000381

Room No. Q1W1F

Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/3/24	8.10am	Casualty	Gr- ward	Sarala
11/3/24	12.30pm	OT	OT	Prashant
11/3/24	1pm	OT	Gr ward	B. Soundararajan

OPERATION THEA TRE

Date	: 11/3/24	OT No.	: 11rd OT
Surgeon	: Dr. Mohamed sagi	Start Time	: 1.00 Pm
I Asst. Surgeon	: -	End Time	: 3.00 Pm
II Asst. Surgeon	: -	Dis. Pack	: (ortho pack used)
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Tamuna & SA	E-Arm	: used 1/2 hour
OT Nurse	: Kalai	Arthroscopy	: -
Name of Surgery	: Foot Ankle Reverse Nailing - (Rt side)	Laprosocopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: O ₂ used 1 hour

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 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 :

[illegible]

[illegible]

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