

2 Floor (Non A/C)

BILLING CARD
CASH

Patient Name **Mrs. MANGAIYARKKARASI.V**

IP No. 44/Female/MHC202409890

Room No. 09/03/2024/IPC2024000772

Dr. MALINI



D.O.A. 9/3/24 Time 8.01 AM

Rent Per Day 1.850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	9/03/24	OT No. :	②
Surgeon :	DR. MALINI	Start Time :	8.30 AM
I Asst. Surgeon :		End Time :	9.00 AM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	DR. RAVI KUMAR	C-Arm :	
OT Nurse :	YOGA	Arthroscopy :	
Name of Surgery :	F/C	Laproscopy :	
	CX Endometrium	Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	① Amp
		Others :	HPE 1 Small Biopsy ②

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 :

[illegible]

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