

Mrs.CHANDIRAKALA.R

54/Female/MHC202410287

12/03/2024/IPC2024000806

Dr.VALLIAMMAL K



BILLING CARD

Patient Name CASH D.O.A. 12.03.24 Time 5.20pm

IP No. _____

Room No. _____

Rent Per Day Rs. 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	<u>13/03/24</u>	OT No.	:	<u>①</u>
Surgeon	:	<u>DR. Valli</u>	Start Time	:	<u>7.30AM</u>
I Asst. Surgeon	:	<u> </u>	End Time	:	<u>9.00AM</u>
II Asst. Surgeon	:	<u>DR. SASIKALA</u>	Dis. Pack	:	<u> </u>
III Asst. Surgeon	:	<u> </u>	Diathermy	:	<u> </u>
Anaesthetist	:	<u>DR. RAVIKUMAR</u>	C-Arm	:	<u> </u>
OT Nurse	:	<u>REGINA, YOGA</u>	Arthroscopy	:	<u> </u>
Name of Surgery	:	<u>TLH</u>	Laproscopy	:	<u>Lap Instruments</u>
			Sevoflurane / Isoflurane	:	<u>1500/-</u>
			Inj. Fentanyl	:	<u>2ml 10ml/Inj. Morphine ①</u>
			Others	:	<u>HPE 2 medium Biopsy ①</u>

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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

12/03/24	Blood Group	—	202403835
13/3/24	HPE -2	-	03871