

2-FLOOR
(CASH)

BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

Mrs. NADHIYA

38 / Female / MHC202410357

13/03/2024 / IPC2024000820

Dr. VALLIAMMAL K



CW (13)

D.O.A. 13/3/24 Time 10.45 AM

Rent Per Day 1500 /-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 13/03/24	OT No.	: 11
Surgeon	: DR: <u>S. Valliammal</u>	Start Time	: 6:00 PM
I Asst. Surgeon	: DR: <u>Sasikala</u>	End Time	: 6:30 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR: <u>M. Ravikumar</u>	C-Arm	: -
OT Nurse	: <u>S/N. Rajira</u>	Arthroscopy	: -
Name of Surgery	: <u>D & C</u>	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: 1 AMP
		Others	: -

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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 :

Date

LABORATORY

13/3

Hb, B9, CT, RBC

2024038#y

[illegible][illegible]

PHYSIOTHERAPY

NEBULIZER			
DATE	NUMBERS	DATE	NUMBERS

OTHERS			
DATE	NUMBERS	DATE	NUMBERS