II Floor A/C ~57

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mrs.SARITHA.S
31/Female/MHC202410992
18/03/2024/IPC2024000856
Dr.SASIKALA

IP No. _____

Room No. ___

D.O.A 18/03/24 Time 05 : 11 pm

Cash

Rent Per Day 2900

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date	:	19/03/24	OT No.	:	(1)
Surgeon	:	DR. SASIKALA	Start Time	:	8.45 AM
I Asst. Surgeon	:		End Time	:	9.30 AM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	DR. RaviKumar	C-Arm	:	
OT Nurse	:	YOGA	Arthroscopy	:	
Name of Surgery	:	(II) Lap OVARIAN CYST	Laproscopy	:	Camera, MONITER, Lap Instrume
			Sevoflurane / Isoflurane	:	500/
			Inj. Fentanyl	:	Inj. Fent 1Amp
			Others	:	HPE I Small BIOPSY (1)

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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SG ST Kole	19/3						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : A. Jmp MJW21 RETURNS CHECKED :	—

Other Procedures : (specify) :- Diet Consultation

Admission Officer :

D.O.P 19/3/24

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
19/3	HPE : 20240424

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER