BILLING CARD

Patient Name Hemalatha-I

Mrs.HEMALATHA. P
31/Female/MHM202404162
19/03/2024/IPM2024000224
Dr.SARALA

D.O.A. 19/3/24 Time 3:30 pm

IP No. IPM2024000224

Room No. 309

Rent Per Day

S

Date	Time	From	To	Sister Signature
19/3/24	at: 3:45am	ER	309	S.R
19/3/24	at: 7am	309	OT	3/90
19/3/24	at 8:40	OT	309 RR	3/90

OPERATION THEATRE

Date	: 19/3/24	OT No.	: 1st
Surgeon	: Dr Sriram	Start Time	: 8 AM
I Asst. Surgeon	: Dr Suraj	End Time	: 8:45 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR Paul	C-Arm	:
OT Nurse	: Vengatraj	Arthroscopy	: CIOP USE
Name of Surgery	:	Laproscopy	:
D. LSD. DEC IJ GTA.		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 amp USE
		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 / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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	:

Date	LABORATORY

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sarala	29/3/24	30/3/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

3159
OT clearance

3159

Admission Officer :

31/3

Sister In-charge