1st Floor Cash

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mrs.THENMOZHI.R
26/Female/MHC202411146
Patient Nam 20/03/2024/IPC2024000868
IP No. Dr.MALINI
Room No.

NON-AC D.O.A 20/3/24 Time 9:20pm
9
Rent Per Day 1850/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date	: 20/3/24	OT No.	: 02
Surgeon	: DR. Malini	Start Time	: 12:45pm.
I Asst. Surgeon	:	End Time	: 1:15 pm
II Asst. Surgeon	:	Dis. Pack	: –
III Asst. Surgeon	:	Diathermy	: –
Anaesthetist	: DR. MRK	C-Arm	: –
OT Nurse	: Regina	Arthroscopy	: –
Name of Surgery	: DNC	Laproscopy	: –
		Sevoflurane / Isoflurane	: –
		Inj. Fentanyl	: 1 CC
		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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. malini	(no diss)						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : given.	
BILL CLEARED : } Nil	Nil
RETURNS CHECKED :	

Other Procedures : (specify) :- Diet consultation.

Nil

D.O.A : 20/3/24.

D.O.D : 20/3/24 at 7 pm.

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
20/3/24	HB/BT/CT/RBS - 20240473

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER