T - Floor

BILLING CARD

Mrs.SUMATHI
28/Female/MHC202411163
20/03/2024/IPC2024000882
Dr.VALLIAMMAL K

Patient Nam
IP No. ____
Room No. ____

13(4) D.O.A. 20/3/24 Time 11:51 PM
cash.
Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date : 22/03/24
Surgeon : Dr. Valliammal
I Asst. Surgeon : Dr. Sasikala
II Asst. Surgeon : —
III Asst. Surgeon : —
Anaesthetist : Dr. Ravikumar
OT Nurse : SIN. Yoga
Name of Surgery : MTP & TAT

OT No. : (2)
Start Time : 8.30 AM
End Time : 9.00 AM
Dis. Pack : —
Diathermy : —
C-Arm : —
Arthroscopy : —
Laproscopy : — —
Sevoflurane / Isoflurane : —
Inj. Fentanyl : 1 AMP, INJ. KETAMINE (2) IM
Others : 1 HPE 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

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

Other Procedures : (specify) :- Diet consultation

1 unit Blood Transfusion done - 21/3/24

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
22/3/24	HB - 2404261
22/3/24	HPE-T - 2404266

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER
