I Floor (NON A/C) MH/ PRINT / 0007 / BILL / FO

BILLING CARD

CASH

Patient Name Mrs.PREMA.S
31/Female/MHC202411164
IP No. 20/03/2024/IPC2024000871
Room No. Dr.VALLIAMMAL K

D.O.A. 20/3/24 Time 12.30pm

Rent Per Day 11850/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date	: 20/3/24	OT No.	: 02
Surgeon	: DR. VALLIAMMAL.	Start Time	: 1:20 PM
I Asst. Surgeon	: DR. Sasi Kala	End Time	: 1:40 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. MRK	C-Arm	: -
OT Nurse	: Regina	Arthroscopy	: -
Name of Surgery	: D&C	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 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 / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. valliammal.	20/3						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : R. Thamizl	nil
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

nil

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

D.O.D : 20/3/24. At 6 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
20/5	Hb - 24.0A180.
20/5	Blood Group - 2A0A81

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			