BILLING CARD

(9)

CASH

Mrs.PAVITHRA.P
24/Female/MHC202411182
20/03/2024/IPC2024000874
Dr.SASIKALA

Patient Nar
IP No. ___
Room No

I-FLOOR NON A/C D.O.A. 20/3/24 Time 3:50pm

Rent Per Day 1850/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date	: 21/3/24	OT No.	:
Surgeon	: DR. Sasikala	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	:
21/3/24 at 9 pm (spontaneus expelled.) Dr Sasikala MD Gyno.		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		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. Sasikala	20/3	21/3	22/3				

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Labour Room Replacement given	
BILL CLEARED :		
RETURNS CHECKED :	& Perfect	

Other Procedures : (specify) :- Dietician -

D-2.0 22/3/24

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
2/10/2014	BT, CT, RBS, HB - 2404189.

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			