G/W 4th I F/OOR

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

CASH

Mrs.UMA
36/Female/MHC202411283
22/03/2024/IPC2024000894
Dr.VALLIAMMAL K

Patient Nam
IP No. ____
Room No. _

D.O.A. 22/3/24 Time 07:52 A

Rent Per Day 1,500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date	: 22/03/24	OT No.	: I
Surgeon	: DR' Valliammal	Start Time	: 2:30 PM
I Asst. Surgeon	: DR' Sasikala.	End Time	: 3:00 PM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR: M. Ravi kumar	C-Arm	: —
OT Nurse	: Kavi	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

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

Other Procedures : (specify) :- Diet consultation.

OPERATION THEATRE

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			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			