I Floor

BILLING CARD

CASH

Patient Nar Mrs.SOUNDHARYA
21/Female/MHC202411440
IP No. 23/03/2024/IPC2024000905
Room No. Dr.MALINI

D.O.A. 23/3/24 Time 8.00AM

Rent Per Day 1,500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date	:	23/03/24	OT No.	:	(2)
Surgeon	:	DR. MALINI	Start Time	:	12.30pm
I Asst. Surgeon	:	—	End Time	:	1.00pm
II Asst. Surgeon	:	—	Dis. Pack	:	—
III Asst. Surgeon	:	—	Diathermy	:	—
Anaesthetist	:	DR. RAVI KUMAR	C-Arm	:	—
OT Nurse	:	YOGA	Arthroscopy	:	—
Name of Surgery	:	DSC	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. Malini (Duo)	(NO	two)					

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

Other Procedures : (specify) :- Nil

D/S Date: 23/3/24

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**

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			