

T floor - 4/W

BILLING CARD

Patient Name Mrs. RAJAKUMARI.L
59/Female/MHC202411532
IP No. 24/03/2024/IPC2024000913
Room No. Dr. MALINI

D.O.A 24/03/24 Time 07:34 AM

Cash

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>23/03/24</u>	OT No. :	<u>②</u>
Surgeon :	<u>DR. Malini</u>	Start Time :	<u>8.00 AM</u>
I Asst. Surgeon :	<u> </u>	End Time :	<u>8.30 AM</u>
II Asst. Surgeon :	<u> </u>	Dis. Pack :	<u> </u>
III Asst. Surgeon :	<u> </u>	Diathermy :	<u> </u>
Anaesthetist :	<u>DR. Ravi Kumar</u>	C-Arm :	<u> </u>
OT Nurse :	<u>SANJEEVA</u>	Arthroscopy :	<u> </u>
Name of Surgery :	<u>VULVAL BIOPSY</u>	Laproscopy :	<u> </u>
		Sevoflurane / Isoflurane :	<u> </u>
		Inj. Fentanyl : <u>20</u> 10ml/Inj. Morphine <u>①</u> AMP	
		Others :	<u>HPE 1 Small Biopsy</u> ①

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
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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

04/3- HPE-1 Small Biopsy - 202404350

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS