

BILLING CARD
CASH

T Floor (7) (NON A/C)

Patient Name **Mrs. GAYATHIRI.D**
33/Female/MHC202411546

D.O.A. 24/3/24 Time 9.20 AM

IP No. 24/03/2024/IPC2024000914

Room No. Dr. CHAKKARAVARTHI

Rent Per Day 1.850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>24/03/24</u>	OT No. : <u>11</u>
Surgeon : <u>DR: Chakkaravarthi</u>	Start Time : <u>3:15 PM</u>
I Asst. Surgeon : <u>DR: Valliammal</u>	End Time : <u>4:00 PM</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>DR: Devraj</u>	C-Arm : <u>-</u>
OT Nurse : <u>Regina</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>LSCS C ST</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine -</u>
	Others : <u>-</u>

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

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

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date

PHYSIOTHERAPY

26/3/24	Physiotherapy	① + ①	g
27/3/2024	Physiotherapy	①	g

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

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

24/3

HB, BT, CT, RBS - urine @ - 202404386.