

I floor INS? (15)

BILLING CARD

Non-Ac-Poom

Patient Name _____

IP No. _____

Room No. _____

Mrs. GEJALAKSHMI

29 / Female / MHC202411606

24 / 03 / 2024 / IPC2024000920

Dr. SASIKALA



D.O.A. 24/3/24 Time 03:15 PM

Rent Per Day 1800/-

ER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 25/03/24	OT No.	: 02
Surgeon	: DR. Sasikala	Start Time	: 7:00 AM
I Asst. Surgeon	: -	End Time	: 7:15 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Ramesh Kumar	C-Arm	: -
OT Nurse	: -	Arthroscopy	: -
Name of Surgery	: LSCS ESI	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml / Inj. Morphine
		Others	: Biopsy Small (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. :
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 :

[illegible]

