

	Mr. ARUN KUMAR.A 37/Male/MHV202401989 04/04/2024/IPV2024000246		BILLING CARD 05 APR 2024		D.O.A. <u>04/04</u>	Time <u>8-40 Am</u>	
	Patient Name <u>Dr. SIVAJI</u>						
IP No. _____							
Room No. <u>Single Room AC - 315</u>		Rent Per Day <u>2000/-</u>					
TRANSFER DET AILS							
Date	Time	From	To	Sister Signature			
4/4/2024	8.40am	ER (Reception)	Ward 315	Ssm 0008			
4/4/24	3pm	Ward (315)	OT	Sm 0029			
4/4/24	4.45pm	OT	Ward	ny 0086			
OPERATION THEA TRE							
Date : <u>4/4/2024</u>		OT No. : <u>1</u>					
Surgeon : <u>Dr. Shivaji (Uro)</u>		Start Time : <u>3.35pm</u>					
I Asst. Surgeon : <u>-</u>		End Time : <u>4.30pm</u>					
II Asst. Surgeon : <u>-</u>		Dis. Pack : <u>-</u>					
III Asst. Surgeon : <u>-</u>		Diathermy : <u>-</u>					
Anaesthetist : <u>Dr. Suregh Kumar</u>		C-Arm : <u>used 30mins</u>					
OT Nurse : <u>Saravathi, Jeeva, Elamathi</u>		Arthroscopy : <u>NIL</u>					
Name of Surgery : <u>(RP) PCNL done</u>		Laproscopy : <u>camera, light cable</u>					
<u>↓ SA</u>		Sevoflurane / Isoflurane : <u>NIL</u>					
		Inj. Fentanyl : <u>NIL</u>					
		Others : <u>Inj. pethidine - 1 amp</u>					
MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
4/4/24	5pm	4/4/24	6pm				
OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
4/4/24	5pm	4/4/24	6pm				
ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

[illegible]

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