

D floor

Non A/C

(14)

BILLING CARD

Patient Name **Mrs. DEEPA**
30/Female/MHC202411844
IP No. 26/03/2024/IPC2024000941
Room No. Dr. VALLIAMMAL K

D.O.A. 26/03/24 Time 09:56 pm

Cash

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	27/03/24	OT No. :	①
Surgeon :	DR. Valli	Start Time :	8:00 AM
I Asst. Surgeon :		End Time :	9:00 AM
II Asst. Surgeon :	DR. SASIKALA	Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	DR. Ravi Kumar	C-Arm :	
OT Nurse :	YOGA	Arthroscopy :	
Name of Surgery :	B/L Lap OVARIAN CYST	Laproscopy :	Camera, MONITOR, Lap Instru
		Sevoflurane / Isoflurane :	1000/
		Inj. Fentanyl :	20/10ml/Inj. Morphine ①
		Others :	HPE 1 Small Biopsy ①

MONITOR

INFUSION PUMP HPE 2 medium B

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

[illegible]

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

27/3

HPE I

04516 (small)

27/3

HPE 2

04516 (medium)

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

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS