

BILLING CARD

1 Floor
INS?

(NON A/C)

9

Patient Name **Mrs.SOUNDARYA**

D.O.A. 20/6/24 Time 9.11 AM

IP No. 20 06 2024/IPC2024001701

Room No. Dr.VALLIAMMAL K

Rent Per Day 1850/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 :
<u>20/6/24 - Normal delivery</u>	Sevoflurane / Isoflurane :
<u>Dr. Valliammal (Dmo) Dr. Sasikala</u>	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
<u>(Labour Room)</u>	Others :

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

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

