

G/w

IF 100x

(15)

BILLING CARD

Patient Name

IP No.

Room No.

Mrs. MANJULAVANI.M

27 / Female / MHC202411956

28/03/2024 / IPC2024000953

Dr. SASIKALA



D.O.A. 28/03/24 Time 01:22/2

Cash

Rent Per Day 1500 / -

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
28/3/24	11pm	R.NO: 13(B)	R.NO: 15 nonae	UVA

OPERATION THEATRE

Date	: 28/03/24	OT No.	: 02
Surgeon	: Dr. Sasikala	Start Time	: 9.30pm
I Asst. Surgeon	: -	End Time	: 10.15pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravikumar	C-Arm	: -
OT Nurse	: Regina, Pushpa	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		Others	: I-portwin (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

[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 :

[illegible]

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

28/3/24	CTH	due	comp

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY		
30/3/2024	Physiotherapy	① + ①	S. Gangadhar

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS