

BILLING CARD

Mrs. JAYALAKSHMI
34/ Female/MHC202412238
30/03/2024/IPC2024000983

Dr. VALLIAMMAL K



D.O.A. 30/03/24 Time 05:49 PM

Patient Name Mrs. JAYALAKSHMI
34/ Female/MHC202412238

IP No. 30/03/2024/IPC2024000983

Room No. Dr. VALLIAMMAL K



Cash

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>31/03/24</u>	OT No. : <u>①</u>
Surgeon : <u>DR. Valli</u>	Start Time : <u>10:00 AM</u>
I Asst. Surgeon : <u> </u>	End Time : <u>10:30 AM</u>
II Asst. Surgeon : <u>DR. SASIKALA</u>	Dis. Pack : <u> </u>
III Asst. Surgeon : <u> </u>	Diathermy : <u> </u>
Anaesthetist : <u>DR. Ravi Kumar</u>	C-Arm : <u> </u>
OT Nurse : <u>VOGA</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>② Lap Ovarian Cyst</u>	Laproscopy : <u>Camera, MONITOR, Lap Instrument</u>
	Sevoflurane / Isoflurane : <u>500</u>
	Inj. Fentanyl : <u>2ml</u> 10ml/Inj. Morphine <u>① AM</u>
	Others : <u>HPE 1 Small Biopsy ①</u>

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]

[illegible]