

BILLING CARD

8 Floor A/C ROOM

(7)

Patient Name **Mrs. PADMAPRIYA**
35/Female/MHC202412662
IP No. **03/04/2024/IPC2024001007**
Room No. **Dr. CHAKKARAVARTHI**

CASH

D.O. **03/04/24** Time **06:50pm**

Rent Per Day **Rs. 9900/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	4/04/24	OT No. :	(2)
Surgeon :	DR. CHAKKARAVARTHI	Start Time :	9.20AM
I Asst. Surgeon :		End Time :	10.00AM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :	DR. VALLI	Diathermy :	
Anaesthetist :	DR. DEVARAJAN	C-Arm :	
OT Nurse :	YOGA	Arthroscopy :	
Name of Surgery :	LSCS 2 ST	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	
		Others :	

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE

Date :	OT. No. :
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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

3/4/24

CBC, BT, CT, RBS, U/R. — 202404829.

[illegible]