

BILLING CARD

DR 100% (NON A/C)
CASH (11)

Patient Name **Mrs.SOWMIYA.P**
27/Female/MHC202412781
IP No. 04/04/2024/IPC2024001021
Room No. Dr.CHAKKARAVARTHI

D.O.A. 4/4/24 Time 6.31PM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
5/4	1pm	single room (Non AC)	→ single room AC	shyda

OPERATION THEATRE

Date	: 5/04/24	OT No.	: 25
Surgeon	: DR. CHAKKARAVARTHI	Start Time	: 8.45 AM
I Asst. Surgeon	:	End Time	: 9.30 AM
II Asst. Surgeon	: DR. Valli	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. Ravi Kumar	C-Arm	:
OT Nurse	: Regina	Arthroscopy	:
Name of Surgery	: LSCS EST	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	: J. Fortwin ① ATP

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 :

LABORATORY

CBC, Bf, Cf, RBS - 2404870

