

BILLING CARD

CASH

Patient Name **Mrs. TAMILSELVI**
40 / Female / MHC202413326
IP No. **10/04/2024 / IPC2024001062**
Room No. **Dr. VALLIAMMAL K**

D.O.A. **10/4/24** Time **8.50 AM**

Rent Per Day **1.500/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	11/04/24	OT No. :	(2)
Surgeon :	DR. Valli	Start Time :	9.30 AM
I Asst. Surgeon :		End Time :	10.00 AM
II Asst. Surgeon :	DR. SASIKALA	Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	DR. Ravi Kumar	C-Arm :	
OT Nurse :	REGINA	Arthroscopy :	
Name of Surgery :	Polep ectomy Z	Laproscopy :	
	CX Biopsy	Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml / Inj. Morphine	(1 Amp)
		Others :	HPE 1 Small Biopsy (2)

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

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 :

Date

LABORATORY

11/4/24 HPE 1 (small biopsy) - 202405050

