

BILLING CARD

Genel ward 1350

Patient Name **Mrs. UDHAYA**
24/Female/MHC202413457
04/06/2024/IPC2024001567
IP No. **Dr. VALLIAMMAL K**
Room No.

D.O.A. 4/16/24 Time 8.21 pm

Cash

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 5/6/24	OT No.	: ①
Surgeon	: DR. Valliammal	Start Time	: 6.00 AM
I Asst. Surgeon	: DR. Jaganathan	End Time	: 7.30 PM
II Asst. Surgeon	: DR. Sasi Kale	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: Dr. Pavi Kumar	C-Arm	: —
OT Nurse	: Yogo	Arthroscopy	: —
Name of Surgery	: Lap ovarian Dermoid cyst, Hysteroscopy, vaginal wall septum excision	Laproscopy	: Instruments only
		Sevoflurane / Isoflurane	: 1500/-
		Inj. Fentanyl	: 10ml/Inj. Morphine ① Amp
		Others	: HPE 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

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

4/6/24 HB, BI, CT, RBS - 07226

5/6 HPE - L 20240724

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

Echo
ex ray

duo

3495 20240728

ABG

ACT

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

PHYSIOTHERAPY

OTHERS

NUMBERS

DATE _____

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DATE _____

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