

I floor



BILLING CARD

Mrs. BHARATHI

34 / Female / MHC202413708

13/04/2024 / IPC2024001094

Dr. SASIKALA



Patient Name

IP No.

Room No.

Non AC J Ac Room

D.O.A. 13/4 Time 8:42 PM

Rent Per Day 1850 / 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
15/4	8:30pm	Ac Room (15)	Non Ac (15)	Kau

OPERATION THEATRE

Date	: 16/4/24	OT No.	: 11
Surgeon	: Dr. Sasi Kala	Start Time	: 5:10 PM
I Asst. Surgeon	: -	End Time	: 6 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravi Kumar	C-Arm	: -
OT Nurse	: Pooja	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopey	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml / Inj. Morphine	: -
		Others	: 1kg. Fentanyl 1 Amp

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

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED : <i>gve R Thanz</i>	
BILL CLEARED :	<i>✓</i>
RETURNS CHECKED : <i>W</i>	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANSFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCEDURES : *Diagrams*

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

Date	LABORATORY
13/4	CRBC, BT, G, RBS - 202405145

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

Cen

done

86 5300

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

$$14/4$$

Physio

①-②

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

2015/4

111

16/4

19/4 Dienstag