

BILLING CARD

D Floor
CASH

Patient Name **Mrs. HAJIRA**
25/Female/MHC202413922
IP No. **16/04/2024/IPC2024001109**
Room No. **Dr. VALLIAMMAL K**

D.O.A. **16/4/24** Time **8.00 AM**

Rent Per Day **11500/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 16/4/24	OT No.	: 1
Surgeon	: Dr. Valliammal Dno	Start Time	: 5.00 pm
I Asst. Surgeon	: Dr. Sasikala Dno	End Time	: 5.30 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Ravikulmar md	C-Arm	:
OT Nurse	: Mrs. Regina.	Arthroscopy	:
Name of Surgery	: D&C	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: 1 amp
		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

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I Asst. Surgeon :	End Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

