

Cash

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name M. Deepthi

D.O.A. 18/04/24 Time 08:25AM

IP No. 0149

W'sps :- Hysteroscopy - 19/4/24

Room No. 105

Rent Per Day 3,000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/4/24	8:40am	Emp	105 Room	P. Sandya 0017
18/4/24	3:00pm	105	OT	Cherishana
18/4/24	4:15pm	OT	SLC	Mani 0003
18/4/24	10:00pm	S.T.C.W.	105 Room	Kalya 0029

OPERATION THEA TRE

Date	: 18/4/24	OT No.	: I
Surgeon	: Dr. Kimmaya, Dr. Manikanta	Start Time	: 3:30pm
I Asst. Surgeon	: Will	End Time	: 4:05pm
II Asst. Surgeon	: Will	Dis. Pack	: Will
III Asst. Surgeon	: Will	Diathermy	: Will
Anaesthetist	: Dr. Sandeep	C-Arm	: Will
OT Nurse	: Karuna	Arthroscopy	: Will
Name of Surgery	: Hystoscopy	Laprosopy	: 3:40pm to 4pm
		Sevoflurane / Isoflurane	: Will
		Inj. Fentanyl	: Will
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
18/4/24	4:15pm	18/4/24	10:00pm				

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 THEA TRE	
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 :

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