

BILLING CARD
CASH

Patient Name **Mrs.SUGANYA**
29/Female/MHC202414048
IP No. **18/04/2024/IPC2024001125**
Room No. **Dr.VALLIAMMAL K**

D.O.A. **18/4/24** Time **9.57 AM**

Rent Per Day **1,500/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 18/4/24	OT No.	: II
Surgeon	: Dr. Valliammal	Start Time	: 4.00 PM
I Asst. Surgeon	: Dr. Sasi kala	End Time	: 4.30 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravi kumar	C-Arm	: -
OT Nurse	: Regina	Arthroscopy	: -
Name of Surgery	: D/C	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine
		Others	: -

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]

OPERATION THEATRE	
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	Others :

[illegible]