



BILLING CARD

Patient Name **Mrs. GAYATHRI BHARANI**

31/Female/MHM202404531

IP No. **19/04/2024/1PM2024000300**

Room No. **Dr. SUDHA**

GRI BHARANI D.O.A. **19/4/24** Time **1.00pm**

Rent Per Day **4000/-**

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/4/24	1.00pm	ER	OT	Ms. Kamini/3197
19/4/24	3.30pm	OT	3rd Floor.	SCOP 3171

OPERATION THEA TRE

Date	: 19/4/24	OT No.	: 01
Surgeon	:	Start Time	: 2. PM /
I Asst. Surgeon	: DR. Sudha Dho	End Time	: 3pm
II Asst. Surgeon	: DR.	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used /
Anaesthetist	: DR. Mahesh	C-Arm	:
OT Nurse	: Mainil, Vasanthi	Arthroscopy	:
Name of Surgery	: L.S.S. & Spinal	Laproscope	:
Female: Baby		Sevoflurane / Isoflurane	:
Time	: 2.16 PM	Inj. Fentanyl	: Baby monitor used
Weight	: 3.38 kg.	Others	: Baby warmer used

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

[illegible]

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

[illegible]**CBG****CBG**

19/4/24

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[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

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