

BILLING CARD

CASIA

20-11-40 Am

(NON AC)

7

Patient Name **Mrs. GOVINDHAMMAL**

IP No. 45/Female/MHC202414080

Room No. 17/04/2024/IPC2024001120

Dr. SASIKALA



D.O.A. 17/4/24 Time 5.48 PM

Rent Per Day 1,850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 18/04/24	OT No.	: 01
Surgeon	: DR. Sasikala	Start Time	: 8.15 AM
I Asst. Surgeon	: DR. Valliammal	End Time	: 9.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. Ravi Kumar	C-Arm	:
OT Nurse	: Regina	Arthroscopy	:
Name of Surgery	: TLH + BSO	Laproscopy	: CO2 only
		Sevoflurane/ Isoflurane	: 1500/-
		Inj. Fentanyl	: (2m) 10ml/Inj. Morphine 1AMP
		Others	: HPE 2 medium Biopsy

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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 :

Date

LABORATORY

17/4/24 Blood Group - 202405262.

18/4 HPE - 2. - 202405285

[illegible][illegible]

PHYSIOTHERAPY

2019

Physio

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NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS