

BILLING CARD

Patient Name Mrs. SANGEETHA
25/Female/MHC202414303
IP No. 20/04/2024/IPC2024001139
Room No. Dr. MALINI

D.O.A. 20/4/24 Time 09:30 AM

Rent Per Day 1500/-



RANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 20/4/24	OT No.	: II
Surgeon	: Dr. malini	Start Time	: 2.50pm
I Asst. Surgeon	: -	End Time	: 3.20pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravi kumar	C-Arm	: -
OT Nurse	: Sangeetha	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

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

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

20/4 BT, CT - 202405331

[illegible]