

I-Floor ward BILLING CARD



Patient Name Mrs. NAGALAKSHMI CASH D.O.A. 24/04/24 Time 01:44pm
 IP No. 27/Female/MHC202414707
 Room No. 24/04/2024/IPC2024001181
 Dr. VALLIAMMAL K
 Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>24/4/24</u>	OT No. : <u>1</u>
Surgeon : <u>Dr. Valliammal</u>	Start Time : <u>5.40pm</u>
I Asst. Surgeon : <u>Dr. Sasi kala</u>	End Time : <u>6.00pm</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>Dr. Ravi Kumar</u>	C-Arm : <u>-</u>
OT Nurse : <u>Kavi</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>D/C</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine <u>(1 amp)</u>
	Others : <u>-</u>

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 :

[illegible]

[illegible]