

BILLING CARD

I Floor

NON A/C

Patient Name **Mrs. SARANYA**
25/Female/MHC202414732
24/04/2024/IPC2024001182
IP No. **Dr. SASIKALA**
Room No. 

7 CASH

D.O.A. 24/04/24 Time 07:01pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 25/4/24	OT No.	: ①
Surgeon	: Dr. Sasikala	Start Time	: 8.15 Am
I Asst. Surgeon	: —	End Time	: 9.00 Am
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: Dr. Ravikumar	C-Arm	: —
OT Nurse	: SN. Rajini, Yoga	Arthroscopy	: —
Name of Surgery	: Lap Ovarian Cyst	Laproscope	: Camera, monitor, lap Instrument
		Sevoflurane / Isoflurane	: 1000
		Inj. Fentanyl	: (2ml) 10ml/Inj. Morphine 1 Amp
		Others	: HPE ① Small biopsy ①

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 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]

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

24/4/24	Chart	due	sketch
		202405320.	

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
25/4/24	1+						

Date	PHYSIOTHERAPY						

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS