

BILLING CARD
CASH

IP 1000

(NON ALL)

Patient Name Mrs. NALINI.R
36/Female/MHC202414761
IP No. 25/04/2024/IPC2024001185
Room No. Dr.MALINI

D.O.A. 25/4/24 Time 8.30Am

Rent Per Day 1.850/-

RANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: <u>25/4/24</u>	OT No.	: <u>II</u>
Surgeon	: <u>Dr. malini</u>	Start Time	: <u>3.30pm</u>
I Asst. Surgeon	: <u>Dr. Sasikala</u>	End Time	: <u>4.30pm</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>Rejina, gaga</u>	Arthroscopy	: <u>-</u>
Name of Surgery	: <u>TAH CBSO</u>	Laproscopy	: <u>-</u>
		Sevoflurane / Isoflurane	: <u>-</u>
		Inj. Fentanyl	: <u>2ml 10ml/Inj. Morphine</u>
		Others	: <u>biopsy large - (1)</u>

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 :

Date

LABORATORY

25/4

HPE 3 - 202405525

