

I-floor
cash

BILLING CARD

Non-AE-ROOM

Patient Name **Mrs. USHA RANI**
59/Female/MHC202414925
IP No. 27/04/2024/IPC2024001204
Room No. Dr. SASIKALA

Ravi SRI

D.O.A. 27/4/24 Time 10.15 AM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>27/4/24</u>	OT No. :
Surgeon : <u>Dr. Sasikala</u>	Start Time : <u>3:30 pm</u>
I Asst. Surgeon : <u> </u>	End Time : <u>4:00 pm</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>yoga</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>FSE</u>	Laproscopy : <u> </u>
	Sevoflurane / Isoflurane :
	Inj. <u>Fentanyl</u> 2ml 10ml/Inj. Morphine <u>1 Amp</u>
	Others : <u>Small Biopsy (2)</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

21/11/24 HPE - 1 (2) - 5600

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

✓ 27/4

CHES

DUS

V. V. Jh

5601

CBG

ABG

ACT

DATE

NUMBERS

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Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

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