

5:19pm

7 Floor

(A/C)

BILLING CARD

CASH

Patient Name **Mrs.SUJATHA.S**
34/Female/MHC202415094
IP No. 30/04/2024/IPC2024001235
Room No. Dr.VALLIAMMAL K

D.O.A. 30/4/24 Time 10.01 PM

Rent Per Day 2,900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	11/05/24	OT No.	:	①
Surgeon	:	DR. VALLI	Start Time	:	9.30 AM
I Asst. Surgeon	:		End Time	:	10.00 AM
II Asst. Surgeon	:	DR. SASIKALA	Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	DR. Ravi Kumar	C-Arm	:	
OT Nurse	:	YOGA	Arthroscopy	:	
Name of Surgery	:	MTP & Lap ST	Laproscopy	:	camera, monitor, Lap Dis
			Sevoflurane / Isoflurane	:	500/
			Inj. Fentanyl	:	① ml / Inj. Morphine ① AMP
			Others	:	

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

[illegible]

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]

