

Mrs. GANDHIMATHI

29/Female/MHC202415271

01/05/2024/IPC2024001238

Patient Name Dr. VALLIAMMAL K

IP No. 

Room No. _____

BILLING CARD

D.O.A. 1/5/24 Time _____

Room NO 1302

Rent Per Day ward

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>1/5/24</u>	OT No. : <u>1</u>
Surgeon : <u>Dr. Valliammal</u>	Start Time : <u>5.15 PM</u>
I Asst. Surgeon : <u>Dr. Gasekara</u>	End Time : <u>6.00 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>Hystoscopy</u>	Laproscopey : <u>-</u>
	Sevoflurane / Isoflurane : <u>500 %</u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine (1) amp</u>
	Others : <u>Small biopsy - (1)</u>

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

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

1/5/21A HPE -1 - Q/A05785.

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS