Mrs.LAKSHMI
47/Female/MHC202415272
01/05/2024/IPC2024001239
Dr.VALLIAMMAL K

Re. 1.30 pm

BILLING CARD

Patient _____ D.O.A. 1/5/24 Time 7.10 AM

IP No. _____

Room No. _____ Rent Per Day 1500

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	1/05/24	OT No.	:	(2)
Surgeon	:	DR. Valli	Start Time	:	10.00AM
I Asst. Surgeon	:		End Time	:	10.30AM
II Asst. Surgeon	:	DR. SASIKALA	Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	DR. Ravi Kumar	C-Arm	:	
OT Nurse	:	YOGA	Arthroscopy	:	
Name of Surgery	:	BARTHOLINE CYST I/D	Laproscopy	:	
			Sevoflurane / Isoflurane	:	500/-
			Inj. Fentanyl : 2ml/10ml/Inj. Morphine		(1) AMP
			Others	:	

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : R. Thamizh MJC 138	Nil
BILL CLEARED :	
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING : Patient discharged on 01/5/24 at 4pm.

OTHER PROCDURES :

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

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