

Mrs. PAVITHRA
32 / Female / MHC202415301
01/05/2024 / IPC2024001248
Dr. CHRISTINA RAJKUMAR

Patient Name

IP No.

Room No.

BILLING CARD

CASH

D.O.A

01/05/24

Time

09:18

Rent Per Day

6850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	2/05/24	OT No.	:	①
Surgeon	:	DR. CHRISTINA RAJKUMAR	Start Time	:	8:00 AM
I Asst. Surgeon	:		End Time	:	8:30 AM
II Asst. Surgeon	:	DR. SASIKALA	Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	DR. Padmanaban	C-Arm	:	
OT Nurse	:	REGINA	Arthroscopy	:	
Name of Surgery	:	Cystoscopy & Copper - T - Remove	Laproscopy	:	
			Sevoflurane / Isoflurane	:	500/
			Inj. Fentanyl	:	20/10ml / Inj. Morphine
			Others	:	① Amp

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

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]

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

1	5	24
0	5	24

ECM C1)
pelvis AP

duo
Duo

K. Swatha. - 202405819
pr - 202405819.

	CBG
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	ABG
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ACT

DATE	NUMBERS
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DATE _____

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Date

PHYSIOTHERAPY									
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	NEBULIZER
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OTHERS	
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DATE	NUMBERS
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DATE	NUMBERS
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DATE	NUMBERS
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DATE _____

NUMBERS