

**BILLING CARD**  
CASH

1 Floor

(G/W)

Patient Name **Mrs.SELVAMARY.R**  
- 50/Female/MHC202415341  
IP No. 01/05/2024/IPC2024001247  
Room No. Dr.MALINI

D.O.A. 1/5/24 Time 8.31pm

Rent Per Day 1,500/-

**RANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
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|      |      |      |    |                   |

**OPERATION THEATRE**

|                                 |                                              |
|---------------------------------|----------------------------------------------|
| Date : 02/05/24                 | OT No. : 02                                  |
| Surgeon : DR. Malini            | Start Time : 1:00 PM                         |
| I Asst. Surgeon : DR. Sasi Kala | End Time : 5:15 PM                           |
| II Asst. Surgeon : -            | Dis. Pack : -                                |
| III Asst. Surgeon : -           | Diathermy : -                                |
| Anaesthetist : DR. Ravi Kumar   | C-Arm : -                                    |
| OT Nurse : Yoga, Regi ha        | Arthroscopy : -                              |
| Name of Surgery : TAH C BSO     | Laproscopy : -                               |
|                                 | Sevoflurane / Isoflurane : -                 |
|                                 | Inj. Fentanyl : 2ml 10ml/Inj. Morphine 1 amp |
|                                 | Others : HPE (3) Biopsy - (1) LARG           |

**MONITOR**

**INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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**OXYGEN**

**SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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**ALPHA BED**

**SCD PUMP**

**VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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| 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 \_\_\_\_\_

2/5/24 FBS, urine ketone, urine sugar  $\rightarrow$  202405803

|        |                             |
|--------|-----------------------------|
| 2/5/24 | GLUCOSE Random - 202405847. |
|--------|-----------------------------|

|        |                                |
|--------|--------------------------------|
| 3/5/24 | HPE 3- Large biopsy. - 2405296 |
|--------|--------------------------------|

