

IS Floor Ward.

(12)

BILLING CARD

Patient Name _____

Mrs. GAYATHRI.S

58 / Female / MHC202415938

08/05/2024 / IPC2024001312

D.O.A 08/5/24 Time 10.43. A

IP No. _____

Dr. SASIKALA

Room No. _____



Rent Per Day Rs. 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 8/5/24	OT No. : I
Surgeon : Dr. Sasikala	Start Time : 3.00 PM
I Asst. Surgeon : -	End Time : 3.30 PM
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : Dr. Ravi Kumar	C-Arm : -
OT Nurse : Sangeetha	Arthroscopy : -
Name of Surgery : F/C	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml / Inj. Morphine (1) Amp
	Others : Small biopsy (2)

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

OPERATION THEATRE	
OT No.	

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 _____

Date	Test	Result
8/5	CBC, Urea, Creatinine, DBS + BT, CT/ HIV 1 & 2, HBsAg, B14	- 202406089
8/5/24	HPE - 1 Small biopsy	- 202406095 (2)

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

08105124

ECu

Due

Autho

$$8 \overline{) 105124}$$

Chest Po

Due

[Signature]

202406090

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS