

BILLING CARD

1 FLOOR

5

(NON ACU)

CASH

Patient Name **Mrs. RAJAKUMARI**
36/Female/MHC202415997
IP No. 08/05/2024/IPC2024001316
Room No. Dr. MALINI

D.O.A. 8/5/24 Time 9.45 PM

Rent Per Day 1.850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 9/05/24	OT No. : (2)
Surgeon : DR. MALINI	Start Time : 8.30 AM
I Asst. Surgeon : —	End Time : 9.15 AM
II Asst. Surgeon : —	Dis. Pack : —
III Asst. Surgeon : —	Diathermy : —
Anaesthetist : DR. RAVIKUMAR	C-Arm : —
OT Nurse : REGINA, YOGIA	Arthroscopy : —
Name of Surgery : LSCSC ST	Laproscopy : —
	Sevoflurane / Isoflurane : —
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine —
	Others : HPE 1 Small Biopsy (1)

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

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

8/5/24 ~~Cheating time, bleeding time, RBS, 2A06098.~~

9/5/24 ~~HPE - 1 - 202406/24.~~

