

BILLING CARD

CASH

Patient Name 50/Female/MHC202416082
IP No. 09/05/2024/IPC2024001327
Room No. Dr.SASIKALA

Mrs.KARPAGAM

50/Female/MHC202416082

Dr.SASIKALA



D.O.A. 9/5/24 Time 9.04 PM

Rent Per Day 1.850/-

SFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>10/05/24</u>	OT No. :	<u>②</u>
Surgeon :	<u>DR. SASIKALA</u>	Start Time :	<u>7-30 AM</u>
I Asst. Surgeon :		End Time :	<u>8-30 AM</u>
II Asst. Surgeon :	<u>DR. Valli</u>	Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	<u>DR. Ravi Kumar</u>	C-Arm :	
OT Nurse :	<u>REGINA</u>	Arthroscopy :	
Name of Surgery :	<u>VH C PFR</u>	Laproscopy :	

Sevoflurane / Isoflurane :
Inj. Fentanyl : 2ml 10ml/Inj. Morphine ① AMP
Others : HPE 2 medium 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

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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

10/5/24

HPE - 2

- 202416082.

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

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PHYSIOTHERAPY

NEBULIZER

OTHERS

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