

I Floor (G/W)
CASH



BILLING CARD

Patient Name Mrs. MUNIYAMMAL
48 / Female / MHC202416102
IP No. 10/05/2024/IPC2024001330
Room No. Dr. SASIKALA

D.O.A. 10/5/24 Time 7:53 Am

Rent Per Day 1,500/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 10/5/24	OT No.	:
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	: Yoga	Arthroscopy	:
Name of Surgery	: Barthelme cyst	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml / Inj. Morphine	: 1 amp
		Others	: 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

10/5/24 Blood group - 2406157.
 10/5/24 HPE (1) - Small biopsy - (1) 202406168

