

BILLING CARD



Patient Name Mrs. Naima Begum

D.O.A. 22.05.21 Time 9.35 am

IP No. IPJ2024007

Rent Per Day 2000/-

Room No. 307

TRANSFER DET AILS

Room No. <u>307</u>		TRANSFER DET AILS		Sister Signature
Date	Time	From	To	
22/5/24	10:30am	FR III Floor	III rd 7/007 (307) OT	Ref Thilaga Pandimada/i
22/5/24	2pm		III Floor (302)	Vasanthi
22/5/24	4:10pm			

OPERATION THEA TRE

OPERATION SHEET	
Date : 22/5/24	OT No. : 01
Surgeon : DR. SARALA / Dr. Siva	Start Time : 2.30 PM
I Asst. Surgeon :	End Time : 3.15 PM
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist : DR. SASIKUMAR.	C-Arm :
OT Nurse : MAITHILI, V	Arthroscopy :
Name of Surgery : TLMC BSO under GA	Laproscopy : med Dr. Siva sir arranged
	Sevoflurane / Isoflurane : Dr. Sarala
	Inj. Fentanyl : 1 amp med
	Others :

MONITOR

MONITOR			
Date	Start	Date	Disconnect

INFUSION PUMP

INFUSION POINT			
Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED / SCD PUMP

ALPHA BED / SCD PUMP			
Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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
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[illegible]

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

[illegible]

CBG

CBG[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

