

5th Floor Room No.

BILLING CARD⑨
N/A/C

Patient Name

Mrs. DEEPIKA

28/Female/MHC202416612

15/05/2024/IPC2024001370

CASH

D.O.A. 15/5/24 Time 05:18pm

IP No.

Dr. SASIKALA

Room No.

Rent Per Day Rs. 1850

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 15/5	OT No.	:
Surgeon	: Dr. Sasi Kala Dps	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	:
Normal Delivery		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	:

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

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	LR Replace given In phn -

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCEDURE: Diet Consultation

18/5/20

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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