

BILLING CARD

CASH

Patient Name Mrs. HIMA BINDU
31/Female/MIIC202416693

D.O.A. 18/7/24 Time 9.57 AM

IP No. 18/07/2024/IPC2024001961

Room No. Dr. SASIKALA

Rent Per Day 11850/-



RANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>18/07/24</u>	OT No. : <u>I</u>
Surgeon : <u>Dr. Sasikala</u>	Start Time : <u>10.00 AM</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>10.30 AM</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>Dr. Ravi Kumar</u>	C-Arm : <u>-</u>
OT Nurse : <u>Yoga / Kavi</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>D/c</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine <u>-</u>
	Others : <u>-</u>

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 :

LABORATORY

Hb, CT, BT, RNS

8902

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

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS