

BILLING CARD

CASH

Patient Name

Mrs. SANTHIYA.R
26/Female/MHC202416807
18/05/2024/IPC2024001398

D.O.A. 18/5/24 Time 9.02pm

IP No.

Dr. VALLIAMMAL K

Room No.

Rent Per Day 1.850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 19/05/24	OT No.	: 8.15Am
Surgeon	: DR. VALLI	Start Time	: 9.00Am
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVI KUMAR	C-Arm	:
OT Nurse	: YOGIA	Arthroscopy	:
Name of Surgery	: LSCS & ST	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	: HPE 1 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 :

LABORATORY

CB, BT, CT, 202406452

HPX - 1 2024 06474

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

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