BILLING CARD

Mrs.MAHALAKSHMI T
23/Female/MHM202404874
17/05/2024/IPM2024000402
Dr.SARALA

Patient Name

IP No. _____

Room No. _____

D.O.A. 17/5/24 Time 3:00 PM

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/05/24	3.30	ER	IIIrd Floor (303)	[illegible] 3198
17/05/24	5.20	IIIrd Floor (303)	OT	[illegible] 3198
17/05/24	7.30	OT	IIIrd Floor (303)	E-Peiki 3212.

OPERATION THEA TRE

Date	: 17/05/24	OT No.	: 01
Surgeon	: DR. SARALA.	Start Time	: 6.30 pm
I Asst. Surgeon	:	End Time	: 7.30 pm.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: DR PAULPRAVEEN	C-Arm	:
OT Nurse	: VASANTHA	Arthroscopy	:
Name of Surgery	: ® SALPHINGIECTOMY LAPAROSCOPY	Laproscopy	: Used @ CO_2
	↓ GA	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 Amp Used.
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

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

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

17/5/24	ECG - (1) ~~(38 34)~~		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SARALA	17/5/24	18/5/24	19/5/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :- OT clearance done Sd/- Surg

Admission Officer

Sister In-charge