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T Floor

(NON A/C)

CASH on day 1 (AC Room → 2000)
Admission.**BILLING CARD**

Patient Name

Mrs. MAZHAI SELVI.K

IP No.

33/Female/MHC202416950

Room No.

18/05/2024/IPC2024001399

Dr. VALLIAMMAL K

D.O.A. 18/5/24 Time 9.10pm

Rent Per Day 4850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 19/05/24	OT No.	: (2)
Surgeon	: DR. VALLI	Start Time	: 8-45AM
I Asst. Surgeon	:	End Time	: 9-30AM
II Asst. Surgeon	: DR. SASIKACA	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVI KUMAR	C-Arm	:
OT Nurse	: DAVITHRA	Arthroscopy	:
Name of Surgery	: LSCS	Laproscopy	:
		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]

LABORATORY

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

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS