BILLING CARD

Mrs.REVATHI
33/Female/MHM202404920
21/05/2024/IPM2024000412
Dr.SARALA

Patient Name _____ D.O.A. 21/5/24 Time 6:15 PM

IP No. _____ Rent Per Day 4000/-

Room No. _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/5/24	6.45 PM	ER	IIIrd Floor	R. Padidi 3205
22/5/24	6AM	304 (IIIrd Floor)	OT	Sandhya/3139
22/5/24	7.30 AM	OT	3rd floor	Jyothi 3169

OPERATION THEATRE

Date	: 22/5/24	OT No.	: OT-1
Surgeon	: DR. SARALA	Start Time	: 6.30 AM
Asst. Surgeon	: DR. PREMA	End Time	: 7.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SUNDER	C-Arm	:
OT Nurse	: VASANTHA	Arthroscopy	:
Name of Surgery	: ELECTIVE LSCS	Laproscopy	:
DOB: 22/5/24 . SEX: BOY BABY.		Sevoflurane / Isoflurane	:
TIMING: 6.49 AM . WEIGHT: 2.45 KG		Inj. Fentanyl	:
		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-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Sarvada	21/5/24	22/5/24	23/5/24	24/5/24			

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

Other Procedures : (specify) :- OT clenance Done Adv. 20000/- 3022

CATHETERIZATION DONE OT AT 6.00 AM

Admission Officer 3022

3206

Sister In-charge