

G/w

P floor Rino-②-0

BILLING CARD

Patient Name **Mrs. MATHI AZHAGI.K**
33/Female/MHC202418039
IP No. **30/05/2024/IPC2024001503**
Room No. **Dr. MALINI**

Cash

D.O.A. **30/05/24** Time **06:28 AM**Rent Per Day **1500/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 30/05/24	OT No.	: ①
Surgeon	: DR. MALINI	Start Time	: 6:00 AM
I Asst. Surgeon	: 	End Time	: 6:30 AM
II Asst. Surgeon	: 	Dis. Pack	:
III Asst. Surgeon	: 	Diathermy	:
Anaesthetist	: DR. Ravi Kumar	C-Arm	:
OT Nurse	: REGINA	Arthroscopy	:
Name of Surgery	: CX ENTEROLAGE	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml / Inj. Morphine
		Others	: ① Amp

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]

[illegible]

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

ABG

NUMBERS

DATE _____

ACT

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

DATE _____

NUMBERS

DATE _____

NUMBERS

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

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 :

[illegible]