

NON A/C
 TA

II Floor

BILLING CARD



Patient **Mrs.SABITHA.J**
 26/Female/MHC202418160
 IP No. 31/05/2024/IPC2024001516
 Room No. Dr.VALLIAMMAL K

D.O.A. 31/05/24 Time 07:11AM

Cash

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 31/05/24	OT No.	: 2
Surgeon	: DR. VALLI	Start Time	: 9-30AM
I Asst. Surgeon	:	End Time	: 9:40AM
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVI KUMAR	C-Arm	:
OT Nurse	: KAVI	Arthroscopy	:
Name of Surgery	: EXAMINATION	Laproscopy	:
	ANAESTHESIA	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 20/10ml/Inj. Morphine 1 Amp
		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

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OPERATION THEATRE	
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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