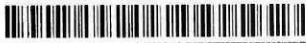


T-Floor NON A/c
BILLING CARD

5

Patient Name **Mrs. CHITHRA**
32/Female/MHC202418471
IP No. 02/06/2024/IPC2024001548
Room No. Dr.SASIKALA



CASH

D.O.A. 02/06/24 Time 07:03 pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>3/06/24</u>	OT No. : <u>①</u>
Surgeon : <u>DR. SASIKALA</u>	Start Time : <u>8:30 AM</u>
I Asst. Surgeon : <u> </u>	End Time : <u>9:00 AM</u>
II Asst. Surgeon : <u> </u>	Dis. Pack : <u> </u>
III Asst. Surgeon : <u> </u>	Diathermy : <u> </u>
Anaesthetist : <u>DR. RAVI KUMAR</u>	C-Arm : <u> </u>
OT Nurse : <u>REGINA</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>Lap ST</u>	Laproscopy : <u>INSTRUMENTS ONLY</u>
	Sevoflurane / Isoflurane : <u> </u>
	Inj. Fentanyl : <u>20/10ml</u> / Inj. Morphine <u>① Amp</u>
	Others : <u> </u>

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

OPERATION THEATRE	
Date :	OT. No.
Surgeon :	Sta
I Asst. Surgeon :	Enc
II Asst. Surgeon :	Dis.
III Asst. Surgeon :	Diath
Anaesthetist :	C-Arm
OT Nurse :	Arthroscopy
Name of Surgery :	Laproscopy
	Sevoflurane / Isoflurane
	Inj. Fentanyl
	Others

Mrs. CHITHRA
 32/Female/MHC202418471
 02/06/2024/IPC2024001548
 Dr. SASIKALA

LABORATORY

[illegible]

