

BILLING CARD
INS?

⑨ (A/C)

Patient Name Mrs. DEVI PRIYA.S
28/Female/MIC202418960
IP No. 06/07/2024/IPC2024001840
Room No. Dr. VALLIAMMAL K

D.O.A. 6/7/24 Time 8.54PM

Rent Per Day 2.900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>7/07/24</u>	OT No. :	<u>②</u>
Surgeon :	<u>DR. Valli</u>	Start Time :	<u>7.15AM</u>
I Asst. Surgeon :		End Time :	<u>8.00AM</u>
II Asst. Surgeon :	<u>DR. MALINI</u>	Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	<u>DR. Ravikumar</u>	C-Arm :	
OT Nurse :	<u>Kavi</u>	Arthroscopy :	
Name of Surgery :	<u>LSCS</u>	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	
		Others :	<u>J. FORTWIN ①</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. :
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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

6/7/24 ✓ RBC, BT, CT, RBS - 202408486

