

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Ms. G. RuyapperD.O.A 4/7/24 Time 11:00 AMIP No. 202400889Room No. G10Rent Per Day 1000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
4/7/24	11:30am	Casualty.	ward.	Wmfor
4/7/24	2:15pm	ward	OT	Kavitha
4/7/24	11:30pm	OT	ward G10	Kavitha

OPERATION THEATRE

Date	: 4/7/24	OT No.	: 11
Surgeon	: Dr. Vineghwaran. M.	Start Time	: 10:00 PM
I Asst. Surgeon	: Dr. Arunkumar. M.	End Time	: 11:15 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 1/2 hourly.
Anaesthetist	: Dr. Jamuna.	C-Arm	: -
OT Nurse	: Kavitha.	Arthroscopy	: -
Name of Surgery	: Orchiectomy L & R.	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: O ₂ 1/2 hourly.

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	
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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]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

4/7/24. ECG 7 op read.

CBG

CBG

4/7/24 CBG - (9) (8591)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

