

BILLING CARD

Patient Name Mrs.KANCHANA DEVI.C
52 Female/MHC202419655
IP No. 14 06 2024/IPC2024001652
Dr.MALINI
Room No.

CASH

D.O.A. 14/6/24 Time 08-21 AM

Rent Per Day Rs. 1500/-

ANSFER DETAILS

Date	Time	From	To	Nurse's Signature
14/6/24	2:30 pm	ward no(13)	A/C Room (15)	Kali

OPERATION THEATRE

Date : <u>14/06/24</u>	OT No. : <u>(1)</u>
Surgeon : <u>DR. MALINI</u>	Start Time : <u>9:30 AM</u>
I Asst. Surgeon : <u> </u>	End Time : <u>10:00 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>F/L</u>	Laproscopy : <u> </u>
<u>CX E Endometrium</u>	Sevoflurane / Isoflurane : <u> </u>
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine <u>(1) Amp</u>
	Others : <u>HPE 1 Small Biopsy (2)</u>

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
14/12	134	76 22					

Date	PHYSIOTHERAPY						

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS