

1 Floor

(G/W)

BILLING CARD

CASA

Patient Name Mrs. ARTHI
28 Female/MHC202419664
IP No. 14-06-2024/IPC2024001653
Room No. Dr. SASIKALA

D.O.A. 14/6/24 Time 10.35 AMRent Per Day 1500/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>14/06/24</u>	OT No. : <u>11</u>
Surgeon : <u>DR. Sasikala</u>	Start Time : <u>4:00 pm</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>4:30 pm</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>DR. M. Ravi Kumar</u>	C-Arm : <u>-</u>
OT Nurse : <u>SN/ Regina</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>DSC</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine</u> <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

[illegible]

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

