BILLING CARD

Patient Name Ms. Dhanalakshmi D.O.A. 15-06-24 Time 9.00

IP No. IPM2024000480

Room No. Day care Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/6/24.	9:30 am	ER.	Daycare	Paul Jino

OPERATION THEA TRE

Date	: 15/6/24	OT No.	: 1
Surgeon	: Dr. Sarala	Start Time	: 2.00 pm.
I Asst. Surgeon	:	End Time	: 2.30 pm.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Balamani	C-Arm	:
OT Nurse	: S/Amaithi	Arthroscopy	:
Name of Surgery	: DSC	Laproscopy	:
	IV Sedation.	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: Inj. Ketamine 1cc

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

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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

Date	LABORATORY

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

OT clearance

Admission Officer : 3052

Sister In-charge 3/96