

BILLING CARD
CASH

T Floor

(7)

(NON AC)

Patient Name Mrs.NARMATHA

D.O.A. 16/6/24 Time 11.45 pm

IP No. 41 Female/MHC202419952

Room No. 16 06 2024/IP/2024001671

Rent Per Day 1,850/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 17/6/24	OT No.	: T
Surgeon	: Dr. Valliammal	Start Time	: 7.00 AM
I Asst. Surgeon	: Dr. Gasikala	End Time	: 8.00 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravikumar	C-Arm	: -
OT Nurse	: Grimathi	Arthroscopy	: -
Name of Surgery	: Lap ovarian cyst	Laproscopy	: used
		Sevoflurane / Isoflurane	: 1000 r/.
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine (Damp)
		Others	: Small biopsy — (1)

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. :
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]

