

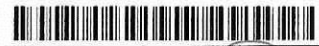
I - NonAc [Cash]

Mrs.LAVANYAS

25/Female/MHC202419981

17/06/2024/IPC2024001676

Dr.SASIKALA

**BILLING CARD**Patient Name Mrs. Lavanya SD.O.A. 17/6/24 Time 9:45 am

IP No. _____

Room No. I -Rent Per Day Rs. 1850/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>17/6/24</u>	OT No. : <u>11</u>
Surgeon : <u>DR: Sasikala</u>	Start Time : <u>5:30 pm</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>6:15 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>S/N: Regina, Yoga</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>LSCS & ST</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine -</u>
	Others : <u>Small Biopsy. HPE1</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

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]

