

I floor
cash

BILLING CARD

Gen. ward-13

Patient Name **Mrs. RITA REGINA**
33/Female/MHC202420091

D.O.A. 18/06/24 Time 08:20 AM

IP No. 18/06/2024/IPC2024001687

Room No. Dr. MALINI

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: <u>18/06/24</u>	OT No.	: <u>②</u>
Surgeon	: <u>DR. MALINI</u>	Start Time	: <u>2:30 pm</u>
I Asst. Surgeon	: <u>_____</u>	End Time	: <u>3:00 pm</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>D/C</u>	Laproscopy	: <u>_____</u>
		Sevoflurane / Isoflurane	: <u>_____</u>
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: <u>① Amp</u>
		Others	: <u>_____</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

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

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 :

Date

LABORATORY

18/6/24 HB, BT, CT, RBS - 202407780

