



BILLING CARD

Patient Name ArundhatiIP No. DPH2024000575Room No. 303

Mrs. ARUNMOZHI M

34/Female:MHM202405268

14/07/2024 1PM2024000575

Dr. SARALA



TRANS.

D.O.A. 14/7/24 Time 8:30pmRent Per Day 2500

Date	Time	From	To	Sister Signature
14/7/24	9.30pm	FR	III rd floor 303	P. Sanyal
15/7/24	6.10am	III rd Floor	OT	E. Panyal
15/7/24	8.10am	OT	II Floor	murugan

OPERATION THEA TRE

Date	: 15.07.2024	OT No.	: I
Surgeon	: Dr. Sarala	Start Time	: 6.45am
I Asst. Surgeon	: Dr. Prema	End Time	: 7.45am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Sundar	C-Arm	:
OT Nurse	: Maithili.v	Arthroscopy	:
Name of Surgery	: Elective LSCS	Laproscopy	:
	: under spinal c IV sedation	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: Inj. - Ketamine 4ml used

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 THEA TRE	
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 :

[illegible]

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