

I Floor

(G/W)



BILLING CARD CASH

Non AC

(11)

D.O.A. 19/6/24 Time 10:03 AM

Patient Name Mrs. THANGAM
30 Female/MHC202420203
IP No. 19 06.2024/IPC2024001606
Room No. Dr.SASIKALA

Rent Per Day 1,850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 :
<u>Normal delivery (Labour Room)</u>	Sevoflurane / Isoflurane :
<u>19/6/24 at 3:30 pm</u>	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
<u>Dr. Sasikala Dho / Dr. Valliammal</u>	Others :

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

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

19/6/24 CBC, BT, CT, RBS - 2024 T829.

[illegible]