

BILLING CARD

Patient Name

Mrs. SENTHAMILSELVI

25/Female/MHC202431727

07/10/2024 1PC2024002780

Dr. VALLIAMMAL K.

IP No.

Room No.

LASH

D.O.A. 07/10/24 Time 12:36 pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
7/10/24	8.05pm	General ward 13	NON A/C room - 10	[Signature]
7/10/24	1 PM	Labour room		[Signature]
7/10/24	4 pm	Labour room	General ward.	[Signature]

OPERATION THEATRE

Date : 09/10/24	OT No. : ②
Surgeon : DR. VATH	Start Time : 1. 45pm
I Asst. Surgeon : _____	End Time : 2. 11pm
II Asst. Surgeon : DR. MALINI	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : DR. Ravi Kumar	C-Arm : _____
OT Nurse : YOGIA	Arthroscopy : _____
Name of Surgery : PS DONE	Laproscopy : _____
7/10/24 Normal delivery	Sevoflurane / Isoflurane : _____
Dr. Vathigmal.	Inj. Fentanyl : 2ml 10ml/Inj. Morphine ①amp
	Others : ② KETAMINE 1ml

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
			/

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date

VENTILATOR

Start	Date	Disconnect

OPERATION THEATRE

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Date :	OT. No. :
Surgeon :	Start Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

[illegible]**CBG**

ABG

ACT

[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

OTHERS

[illegible]