

1 Floor
BILLING CARD
CASH

(NON A/c)

Patient Name Mrs.GUBEARA LAKSHMI.S

D.O.A. 23/6/24 Time 8.36 Am

IP No. 23/06/2024/IPC2024001722

Room No. Dr.MALINI

Rent Per Day 1.850/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>23/06/24</u>	OT No. : <u>①</u>
Surgeon : <u>DR. Malini</u>	Start Time : <u>10.00 AM</u>
I Asst. Surgeon : <u> </u>	End Time : <u>10.30 AM</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>YOGA</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>FIC</u>	Laproscopy : <u> </u>
	Sevoflurane / Isoflurane : <u>500</u>
	Inj. Fentanyl : <u>2ml 10ml</u> / Inj. Morphine <u>0.4mg</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

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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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 :

[illegible]

