

BILLING CARD

Patient Name 31/Female/MIIC202467884
30/06/2024/IPC2024061789

CASH

D.O.A. 30/06/24 Time 08:23 pm

IP No. Dr.MALINI

Room No. 

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: <u>11/7/24</u>	OT No.	: <u>II</u>
Surgeon	: <u>Dr. Malini</u>	Start Time	: <u>9:00 AM</u>
I Asst. Surgeon	: <u>-</u>	End Time	: <u>9:45 AM</u>
II Asst. Surgeon	: <u>-</u>	Dis. Pack	: <u>-</u>
III Asst. Surgeon	: <u>-</u>	Diathermy	: <u>-</u>
Anaesthetist	: <u>DR. M. Ravi Kumar</u>	C-Arm	: <u>-</u>
OT Nurse	: <u>SIN! Regina, Yoga</u>	Arthroscopy	: <u>-</u>
Name of Surgery	: <u>LSCS C ST</u>	Laproscopy	: <u>-</u>
		Sevoflurane / Isoflurane	: <u>-</u>
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: <u>Fortwin - Amp</u>
		Others	: <u>Small Biopsy - 1</u>

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	
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 :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

30/6/2014

CTG ✓

due.

Salu' 8227.

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

417/24

Post feeding, Crouching & Post natal care

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

4/7/24

Dressing

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