

1st floor Non Ac - Room no (15) Rs. 1850/-

BILLING CARD

Mrs. VANAJA.R
48/Female/MHC202468502
09/07/2024/IPC2024001863
Dr. SASIKALA

D.O.A. 9/7/24 .Time 10.15Am

Patient Name Mrs. Vanaja.

IP No. _____

Room No. NonAc - 15

Rent Per Day Rs. 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 9/7/24	OT No. : I
Surgeon : Dr. Sasikala	Start Time : 2.00Pm
I Asst. Surgeon : -	End Time : 2.30Pm
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : Dr. Pavi Kumar	C-Arm : -
OT Nurse : yoga	Arthroscopy : -
Name of Surgery : F/C	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine 1amp
	Others : HPE - 1

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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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 :

LABORATORY

✓ Date 9/17/24 H HPE (1) - 85021



