

BILLING CARD
CASH

Patient Name **Mrs. BARATHI**
25/Female/MIIC202468645

D.O.A. **10/7/24** Time **9.49 PM**

IP No. **10/07/2024/TPC2024001881**

Room No. **Dr. VALLIAMMAL K**

Rent Per Day **1.850/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 11/07/24	OT No.	: ②
Surgeon	: DR. VALLI	Start Time	: 7.45 AM
I Asst. Surgeon	: —	End Time	: 8.30 AM
II Asst. Surgeon	: DR. MALINI	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. RAVI KUMAR	C-Arm	: —
OT Nurse	: KAVI	Arthroscopy	: —
Name of Surgery	: LSCS	Laproscopey	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: —
		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

[illegible]

OPERATION THEATRE

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

Date

LABORATORY

10/7

CBC, BTL, CT, RBS - 202408543

11/7/24

FBS - 202408552

11/7/24

RBS - 202408557