

BILLING CARD

Patient Name Mrs. LAKSHMIS
36/Female/MIC2024e8673
IP No. 11/07/2024/IPC2024001883
Room No. Dr. MALINI

D.O.A. 11/7/24 Time 7:51 AM

Rent Per Day 11500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 11/07/24	OT No.	: 02
Surgeon	: DR. MALINI	Start Time	: 4:00 PM
I Asst. Surgeon	: -	End Time	: 4:30 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Ravi Kumar	C-Arm	: -
OT Nurse	: SRIMATHI	Arthroscopy	: -
Name of Surgery	: DEC	Laprosocopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine 1 AMP
		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

Date _____

Surgeon :

OT. No.

Asst. Surgeon :

Start Time

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End Time •

III Asst. Surgeon :

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Diathermy

OT Nurse :

C-Arm

Name of Surgery :

Arthroscopy

Laproscopy

Sevoflurane / Isoflurane :

Inj. Fentanyl

Others

Date _____

[illegible]

