

(14)

8-floor

NON A/c

BILLING CARD

Patient Name Mrs. ARCHANA
23/Female/MHC202468728
11/07/2024/IPC2024001889

CASH

D.O.A. 11/07/24 Time 07:55pmIP No. Dr. VALLIAMMAL KRoom No. Rent Per Day 1850/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature
12/7/24	4 pm	Room - 14	Labour Room	
12/7/24	2 pm	Labour Room	Room 14	

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 :
Normal delivery 12/7/24 at 5pm	Sevoflurane / Isoflurane :
Dr. Valliammal mam - 8pm	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
Dr. Sasikala mam	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	
Date :	OT. No. :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

CBC, BT, LT, RBS - 202408566

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

[illegible][illegible][illegible][illegible]