

II floor  
CASH

# BILLING CARD

GEN. WARD-13 (S)

Patient Name **Mrs. CYNTHIA**  
28/Female/MHC202469161  
16/07/2024/TPC2024001939

D.O.A. 16/7/24 Time 08:45pm

IP No.            Dr. CHAKKARAVARTHI

Room No.           

Rent Per Day 1500/-

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |

## OPERATION THEATRE

|                   |                     |                                        |           |
|-------------------|---------------------|----------------------------------------|-----------|
| Date              | : 17/07/24          | OT No.                                 | : II      |
| Surgeon           | : DR. Chakravarthi  | Start Time                             | : 6:10 AM |
| I Asst. Surgeon   | : DR. Valliammal    | End Time                               | : 6:40 AM |
| II Asst. Surgeon  | : —                 | Dis. Pack                              | : —       |
| III Asst. Surgeon | : —                 | Diathermy                              | : —       |
| Anaesthetist      | : DR. M. Ravi Kumar | C-Arm                                  | : —       |
| OT Nurse          | : S. Y. Oga         | Arthroscopy                            | : —       |
| Name of Surgery   | : LSCS & ST         | Laprosopy                              | : —       |
|                   |                     | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |



## OPERATION THEATRE

| 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 :                   |

|      |            |
|------|------------|
| Date | LABORATORY |
|------|------------|

[illegible]

