

BILLING CARD

Patient Name Mrs. SHAKILA
33/Female/MIIC202469204
IP No. 17/07/2024/IPC2024001952
Room No. Dr. SASIKALA

CASH

D.O.A. 17/07/24 Time 12:52 pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>18/7/24</u>	OT No. : <u>1</u>
Surgeon : <u>Dr. Sasikala</u>	Start Time : <u>8.30 AM</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>9.15 AM</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>Dr. Ravi kumar</u>	C-Arm : <u>-</u>
OT Nurse : <u>yoga / kavi</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>Ovarian Cyst Lap</u>	Laproscopy : <u>used</u>
	Sevoflurane / Isoflurane : <u>500 f.</u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine</u> <u>1amp</u>
	Others : <u>HPE - 1 - 1</u>

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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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

18/7/24 HPE ① - 202408901 - ①

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

17/07/24 Chest Pao Due 86 / 8909

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS