

T-fecor
Cash

Re-12.30 PM



BILLING CARD

Gen-ward-13

Mrs.ANBUGARASI
39 Female/MHC202469265
18/07/2024/IPC2024001960

D.O.A. 18/7/24 Time 8:30 AM

Patient Name _____

Dr.VALLIAMMAL K

IP No. _____



Room No. _____

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 18/7/24	OT No. : I
Surgeon : Dr. Valliammal	Start Time : 9.15 AM
I Asst. Surgeon : Dr. Sasikala	End Time : 9.45 AM
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : Dr. Ravikumar	C-Arm : -
OT Nurse : Kavi.	Arthroscopy : -
Name of Surgery : D/C	Laprosopy : -
	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

OPERATION THEATRE	
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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
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A hand-drawn vector on lined paper. The vector is a straight line with an arrowhead at the top, pointing upwards and to the right. It starts at a point in the lower-left quadrant and ends at a point in the upper-right quadrant.

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS