

# BILLING CARD

D.O.A. 20/07/24 Time 01:03 pm

Patient Name Mrs. GAYATHRI  
34/Female/MHC202469421

IP No. 20/07/2024/IPC2024001980

Room No. Dr. VALLIAMMAL K

Rent Per Day 2900/-

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
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## OPERATION THEATRE

|                                |                                        |
|--------------------------------|----------------------------------------|
| Date : 21/7/24                 | OT No. : 2                             |
| Surgeon : Dr. Valliammal       | Start Time : 9:10 AM                   |
| I Asst. Surgeon : Dr. Sasikala | End Time : 10:10 AM                    |
| II Asst. Surgeon : —           | Dis. Pack : —                          |
| III Asst. Surgeon : —          | Diathermy : —                          |
| Anaesthetist : Dr. Ravi Kumar  | C-Arm : —                              |
| OT Nurse : Kaviyarasi          | Arthroscopy : —                        |
| Name of Surgery : LSCS         | Laproscopy : —                         |
|                                | Sevoflurane / Isoflurane : —           |
|                                | Inj. Fentanyl : 2ml 10ml/Inj. Morphine |
|                                | Others : inj. Fortwin - 1 Amp          |

## MONITOR

## INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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