

2 floor

BILLING CARD

1303

Patient Name **Mrs.SARASWATHI**
43/Female/MHC202469489

D.O.A. 21/07/24 Time 10:51 AM

IP No. 21/07/2024/IPC2024001990

Cash

Room No. Dr.MALINI

Rent Per Day 1500/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>22/07/24</u>	OT No. : <u>(2)</u>
Surgeon : <u>DR. MALINI</u>	Start Time : <u>9.30 AM</u>
I Asst. Surgeon : <u> </u>	End Time : <u>10.45 AM</u>
II Asst. Surgeon : <u>DR. SASIKALA</u>	Dis. Pack : <u> </u>
III Asst. Surgeon : <u> </u>	Diathermy : <u> </u>
Anaesthetist : <u>DR. RAVIKUMAR</u>	C-Arm : <u> </u>
OT Nurse : <u>REGINA / YOGA</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>TAH TBSO</u>	Laproscopy : <u> </u>
	Sevoflurane / Isoflurane : <u> </u>
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others : <u>J. FORTWIN (1)</u>

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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Surgeon :	Start Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]