

751-98

D.O.A 23/7/24
D.O.D 21/7/24

11 Floor

(Gr/w)



BILLING CARD

CASH

Patient Name Mrs. DEVI
32/Female/MHC202469655
IP No. 23/07/2024/IPC2024002007
Room No. Dr. SANKARLINGAM

D.O.A. 23/7/24 Time 7.5 AM

Rent Per Day 1,500/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 24/07/24	OT No.	: 01
Surgeon	: <u>Dr. Sankarlingam</u>	Start Time	: <u>7.30pm</u>
I Asst. Surgeon	: <u>Dr. R. R. Van</u>	End Time	: <u>8.00pm</u>
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: <u>Dr. Ravikulmal</u>	C-Arm	: -
OT Nurse	: <u>YDGA</u>	Arthroscopy	: -
Name of Surgery	: <u>(PA) Root (SSG)</u>	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		Others	: <u>Inj - Ropivacaine - 0</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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Date :	OT. No. :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

$$23 \mid 7 \mid 21 \quad \Rightarrow 9134$$
Dwa

Aristha

23/07/24 Chest AP $\Rightarrow 9150$

Due

129

23.7.24	Echo
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Due

Dr. Sureshkumar. 9/2

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

27/7/24 Dossing (1)

Dr Selvam Gng