



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

Mrs. AMALORPAVARAGINTA

51/Female/MHM202405918

25/07/2024/IPM2024000613

Dr. SARALA



D.O.A. 24/7/24 Time 9.00pm

IP No.

Room No.

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/7/24	10pm	ER	III floor 309 (Twin (SHARMA))	Uday/360
25/7/24	9.30am	III floor	OT	Malliga . M
25/7/24	11.30am	OT	III floor	VASANTHA

OPERATION THEATRE

Date	: 25/7/24	OT No.	: 01
Surgeon	: DR. SARALA / DR. SIVA	Start Time	: 10.00 AM
I Asst. Surgeon	:	End Time	: 11.00 AM
II Asst. Surgeon	:	Dis. Pack	: -
III Asst. Surgeon	:	Diathermy	: -
Anaesthetist	: DR. PAUL DRAVEEN	C-Arm	: -
OT Nurse	: VASANTHA	Arthroscopy	: -
Name of Surgery	: TLH & BSO	Laprosopy	: OUTSIDE LAP INSTRUMENT USED
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml USED
		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

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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[illegible]

[illegible]

