

1st floor Non AC 1850/- R.No. (5)

	Mrs. PRABAVATHY 36/Female/MHIC202469832 25/07/2024/TPC2024602033	BILLING CARD Cash		
Patient Name <u>Dr. SASIKALA</u>	D.O.A. <u>25/7/24</u> Time <u>11:45 Am</u>			
IP No. 				
Room No. <u>I - Non AC - 15</u>	Rent Per Day <u>Rs. 1850</u>			
TRANSFER DETAILS				
Date	Time	From	To	Nurse's Signature
OPERATION THEATRE				
Date	: <u>25/07/24</u>	OT No.	: <u>(2)</u>	
Surgeon	: <u>DR. SASIKALA</u>	Start Time	: <u>1:30pm</u>	
I Asst. Surgeon	: <u> </u>	End Time	: <u>2:00pm</u>	
II Asst. Surgeon	: <u> </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, KAVI</u>	Arthroscopy	: <u> </u>	
Name of Surgery	: <u>X ENCEPHALAGE</u>	Laproscopy	: <u> </u>	
		Sevoflurane / Isoflurane	: <u> </u>	
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: <u>(1) Amp</u>	
		Others	: <u> </u>	
MONITOR		INFUSION PUMP		
Date	Start	Date	Disconnect	
OXYGEN		SYRINGE PUMP		
Date	Start	Date	Disconnect	
ALPHA BED		SCD PUMP		VENTILATOR
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

25/7/24 HB, BT, CT, RBS — 202409240

26/7 FBS — 9274

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS