

10

8-800P NON A/C

BILLING CARD



Mrs. SURIYA KUMARIK

Patient Name 32/Female/MIIC202470313
31/07/2024/IPC2024062093

IP No. Dr. SASIKALA

Room No. 

CASH

D.O.A. 31/07/24 Time 05:26pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 11/8/24	OT No.	: 11
Surgeon	: DR! Sasi kala	Start Time	: 9:45 AM
I Asst. Surgeon	: -	End Time	: 10:30 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR! M. Ravi / kumar	C-Arm	: -
OT Nurse	: S/N! Regina, Yoga	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscoy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		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

31-12-14 Bleeding time, clotting time: 9539.

