

1st floor

(Non AC)

(14)

**BILLING CARD**

Mrs. JEEVITHA

29/Female/MHIC202470329

Patient Name 31/07/2024/TPC2024002095

IP No. Dr. SASIKALA

Room No.

D.O.A. 31/7/24 Time 10.10pm

Rent Per Day Rs. 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
2/8/24	7pm	R.NO. 14 - non AC	R.NO. 9 AC Room	Cuma

OPERATION THEATRE

Date :	1/08/24	OT No. :	(2)
Surgeon :	DR. SASIKALA	Start Time :	7.45AM
I Asst. Surgeon :		End Time :	8.30AM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	DR. RAVIKUMAR	C-Arm :	
OT Nurse :	REGINA, YOGA	Arthroscopy :	
Name of Surgery :	LSCS EST	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	
		Others :	HPE 1 Small Biopsy (1)

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**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

31/7	CBC, CT, BT, RBS, [Urine R/E 202409540 ↓ 202409541]
1/8	HPE - 1 ① 9580.