

BILLING CARD

D - Floor

NON A/C

Patient Name **Mrs.SANDHIYA**
25/Female/MIIC202470399

CNSH

D.O.A. 01/08/24 Time 06:32 pm

IP No. _____ 01/08/2024/IPC2024002106

Room No. Dr.SASIKALA

Rent Per Day 1860/-



TRANSFER DETAILS

[illegible]

OPERATION THEATRE

OPERATION THEATRE	
Date : 02/08/24	OT No. : 02
Surgeon : Dr. Sasi Kala	Start Time : 6.45 AM
I Asst. Surgeon : -	End Time : 7.15 AM
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : Dr. Pavithra	C-Arm : -
OT Nurse : Regina	Arthroscopy : -
Name of Surgery : CX Enucleation	Laproscope : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml / Inj. Morphine : 6
	Others : -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

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	

[illegible]

11/8/24	HBA BT, CT - 202409598
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[illegible]

CBG				ABG			ACT.
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date							

Date _____

PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS