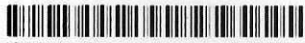


2nd Floor

(C1W)

BILLING CARD

CASH

D.O.A. 6/8/24 Time 6.30pmPatient Name Mrs. ANNAMMAL
36/Female/MIIC202470744IP No. 06/08/2024/TPC2024002143Room No. Dr. SASIKALARent Per Day 1,500/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 7/08/24	OT No.	: ②
Surgeon	: DR. SASIKALA	Start Time	: 9.00 AM
I Asst. Surgeon	: DR. VATH	End Time	: 10.00 AM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. RAVIKUMAR	C-Arm	: —
OT Nurse	: REGINA / SRIMATHI	Arthroscopy	: —
Name of Surgery	: TAH & BSD	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: ① AMP/PORTW/ A
		Others	: HPE ③ LARGE BIOPSY ①

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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7/8	✓ HPE - 3	(1)	9826
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[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

6/8/14

CHEST PA VIEW X-RAY

DUG

Shmel 9944

CBG

DATE

NUMBERS

DATE

NUMBERS

ABG

DATE

NUMBERS

DATE

ACT

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

DATE

NUMBERS

DATE

NUMBERS

OTHERS

DATE

NUMBERS

DATE

NUMBERS

10/8/14

Dressing

(1)