

I Floor

(21/08/24)

BILLING CARD

CASH

Patient Name 42/Female/MIIC202470747
06/08/2024/IPC2024002144

D.O.A. 06.08.24 Time 6.59 pmIP No. Dr. VALLIAMMAL KRoom No. Rent Per Day 1.500/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 7/08/24	OT No.	: ①
Surgeon	: DR. Valli	Start Time	: 7.15AM
I Asst. Surgeon	: DR. SANGAMBHARAN	End Time	: 9.00AM
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. RAVI KUMAR	C-Arm	: —
OT Nurse	: REGINA, PUSHPA	Arthroscopy	: —
Name of Surgery	: BIL DJ STENDING TAH CBSO	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: 20ml 10ml/Inj. Morphine ①AMP
		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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

09/08/24

KVB

— 2409953

Due

201

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

10	8	24
----	---	----

crossing