

BILLING CARD

I Floor

(non AC)

CASH

Patient Name Mrs. SARANYA
26/Female/MIIC202471570

D.O.A. 17/08/24 Time 8.40 Am

IP No. 17/08/2024/IPC2024002239

Room No. Dr. MALINI

Rent Per Day 1,850/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: <u>17/08/24</u>	OT No.	: <u>(2)</u>
Surgeon	: <u>DR. MALINI</u>	Start Time	: <u>2.30 pm</u>
I Asst. Surgeon	: <u> </u>	End Time	: <u>3.00 pm</u>
II Asst. Surgeon	: <u> </u>	Dis. Pack	: <u> </u>
III Asst. Surgeon	: <u> </u>	Diathermy	: <u> </u>
Anaesthetist	: <u>DR. RAVI KUMAR</u>	C-Arm	: <u> </u>
OT Nurse	: <u>SRIMATHI</u>	Arthroscopy	: <u> </u>
Name of Surgery	: <u>D/C</u>	Laproscopy	: <u> </u>
		Sevoflurane / Isoflurane	: <u> </u>
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: <u>(1) Amp</u>
		Others	: <u> </u>

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE	
Date	

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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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. A vertical margin line is present on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard sheet of stationery. There are no markings, text, or drawings on the page.

