

I Floor
BILLING CARD
CASH

(A/C) Room

Patient Name Mrs. PURNA LAKSHMI
37/Female/MHC202471584

D.O.A. 17/8/24 Time 11.31 AM

IP No. 17/08/2024/IPC2024002242

Room No. Dr. VALLIAMMAL K

Rent Per Day 2,900/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/8/24	11:30am		Labour Room	
17/8/24	10 pm	Labour Room	Room - (10)	(Signature)

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 :
<u>Normal Delivery 17/8/24 at 6:20pm</u>	Sevoflurane / Isoflurane :
<u>Dr. Dharani</u>	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others :

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

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

17/8

CBC, RBS - 2410263

[illegible]