

10

2-2008

NON A/C

10

BILLING CARD

Patient Name **Mrs. SARANYA**
31/Female/MHC202471861

IP No. **20/08/2024/IPC2024002273**

Room No. **Dr. MALINI**

CASH

D.O.A. **20/08/24** Time **06:20 pm**

Rent Per Day **1850/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : **21/08/24**
Surgeon : **Dr. Malini**
I Asst. Surgeon : **-**
II Asst. Surgeon : **-**
III Asst. Surgeon : **-**
Anaesthetist : **Dr. Ravikumar**
OT Nurse : **Rogina, YOGA**
Name of Surgery : **LSCS**

OT No. : **02**
Start Time : **6.00 AM**
End Time : **6.45 AM**
Dis. Pack : **-**
Diathermy : **-**
C-Arm : **-**
Arthroscopy : **-**
Laproscopy : **-**
Sevoflurane / Isoflurane : **-**
Inj. Fentanyl : **2ml 10ml/Inj. Morphine**
Others : **-**

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

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	Others
20/8/24	LABORATORY
Bt, CVT, RBS - 2024/0408.	

BT, CT, RBS - 2024/04/08

