

MLC

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name Mr. SureshD.O.A. 23/08/24 Time 6.20pmIP No. 2824000257Room No. G.W

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/08/24	8:15pm	EMR	OT	Sister P. Javiera R.
23/08/24	11:45pm	OT	WARD (UW)	

OPERATION THEA TRE

Date	: 23/08/24	OT No.	: 11 ND.
Surgeon	: DR. MOHAN KUMAR	Start Time	: 9pm
I Asst. Surgeon	:	End Time	: 11:30pm.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Yes
Anaesthetist	: DR. RAGUPATHI RAJA	C-Arm	: Yes
OT Nurse	: OUTSIDE STAFF (MR KANNAN)	Arthroscopy	:
Name of Surgery	: @ Prominul tibia plating	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
23/08/24	12:45pm	23/08/24	7:30pm				

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 :

LABORATORY

Date 23/08/24 CBC, RFT, Sr, Electrolytes, Serology, PT, APTT, INR, Blood grouping typing, BT, RBS, GT.

[illegible]

