

I-FLOOD
G/Ward
R.NO : 13(2)
D.O.A. 29/08/24 Time 06:29 pm

BILLING CARD

Mrs.IYYAMMAL
Patient Nam 40/Female/MIIC202472368
IP No. 27/08/2024/IPC2024002326
Room No. Dr.VALLIAMMAL K

CASH

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 28/08/24	OT No.	: ①
Surgeon	: DR. Valh	Start Time	: 7.45AM
I Asst. Surgeon	: —	End Time	: 8.45AM
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. RAVIKEMAR	C-Arm	: —
OT Nurse	: YOGA	Arthroscopy	: —
Name of Surgery	: TLH	Laproscopy	: —
		Sevoflurane / Isoflurane	: 1000/-
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: ① AMP
		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

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 :

Date

LABORATORY

27/8/24 Blood Group, HB, KPS - 202410674

