

BILLING CARD

CASH

15

Patient Name **Mrs. DIVYA**
31/Female/MHC202472396
IP No. **28/08/2024/IPC2024002331**
Room No. **Dr. MALINI**

D.O.A. **28/8/24** Time **9.21AM**

Rent Per Day **11850/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 28/08/24	OT No. : 11
Surgeon : Dr. malini	Start Time : 2.00 PM
I Asst. Surgeon : -	End Time : 2.30 PM
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : Dr. Ravikumar	C-Arm : -
OT Nurse : kavi	Arthroscopy : -
Name of Surgery : D/C	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine amp
	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

[illegible]

OPERATION THEATRE	
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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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