

BILLING CARD

1st Floor

(non AC)

CPSA

Patient Name Mrs. NITHIYA
30/Female/MIIC202472590
IP No. 30/08/2024/IPC2024002357
Room No. Dr. SASIKALA

D.O.A. 30/8/24 Time 7.50pm

Rent Per Day 11850/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>31/8/24</u>	OT No. : <u>(2)</u>
Surgeon : <u>Dr. Sasikala</u>	Start Time : <u>9:30 Am</u>
I Asst. Surgeon : <u>Dr. _____</u>	End Time : <u>10:00 Am</u>
II Asst. Surgeon : <u>_____</u>	Dis. Pack : <u>_____</u>
III Asst. Surgeon : <u>_____</u>	Diathermy : <u>_____</u>
Anaesthetist : <u>Dr. Ravi Kumar</u>	C-Arm : <u>_____</u>
OT Nurse : <u>yoga</u>	Arthroscopy : <u>_____</u>
Name of Surgery : <u>MIP & Lap ST</u>	Laproscopy : <u>Instrument only</u>
	Sevoflurane / Isoflurane : <u>500 /</u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine</u> <u>(Damp)</u>
	Others : <u>_____</u>

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	
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 :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

30/8	X-Ray Chest PA	DUE	V-V-MUTHU - 2410860

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY						

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS