

Non Alc RNO: 10
BILLING CARD

Mrs. GRAGALAKSHMI

43/Female/MIIC202472605

30/08/2024/IPC2024602360

Dr. VALLIAMMAL K



Patient Name Mrs. Gragalakshmi

D.O.A. 30/8/24 Time 11:33PM

IP No. MHC202472605

Room No. _____

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
31/8/24	7pm	Ward (302)	R. no: 10 non Ac	[Signature]

OPERATION THEATRE

Date : <u>30/08/24</u>	OT No. : <u>11</u>
Surgeon : <u>DR: Valliammal</u>	Start Time : <u>11:20pm</u>
I Asst. Surgeon : <u>DR: Malini</u>	End Time : <u>12:05 AM</u>
II Asst. Surgeon : <u> </u>	Dis. Pack : <u> </u>
III Asst. Surgeon : <u> </u>	Diathermy : <u> </u>
Anaesthetist : <u>DR: M. Ravi Kumar</u>	C-Arm : <u> </u>
OT Nurse : <u>S/N: Regina</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>LSCS</u>	Laproscopy : <u> </u>
	Sevoflurane / Isoflurane : <u> </u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine</u>
	Others : <u>Fortwin - 1 amp</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

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]

30/8/24 HB, BT, CT, RBS - 202410827

