

2P-12-45

2900

Not / A

(A)

2-Floor

On time of 3 AC R admission



BILLING CARD

Patient Name **Mrs. NISHANTHI**
 31/Female/MIIC202473025
 05/09/2024/TPC20240602413
 IP No. _____
 Room No. **Dr. SASIKALA**

CHS#

D.O.A. **5/9/24** Time **8:53pm**

Rent Per Day **1850/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 06/09/24	OT No.	: 01
Surgeon	: DR. Sasikala (Pho)	Start Time	: 6:15 AM
I Asst. Surgeon	: -	End Time	: 7:00 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Ravi Kumar	C-Arm	: -
OT Nurse	: Regina, Kavi	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		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

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 :

Date

LABORATORY

5/9/24

HB, BT, CT, RBS - 202411098

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

[illegible][illegible][illegible][illegible]