

I Floor
BILLING CARD
CASA

(non A/c)
(5)

Patient Name **Mrs.UMA MAHESWARI**

IP No. **25/Female/MHC202473733**

Room No. **13/09/2024/IPC2024002506**

Dr.SASIKALA

D.O.A. **31/9/24** Time **8.31Pm**

Rent Per Day **1.850/-**

TRANSFER DETAILS

Date	m	To	Nurse's Signature

OPERATION THEATRE

Date	: 10/09/24	OT No.	: 01
Surgeon	: DR. Sasikala	Start Time	: 8.00 AM
I Asst. Surgeon	: -	End Time	: 8.30 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Ravi Kumar	C-Arm	: -
OT Nurse	: YOGA	Arthroscopy	: -
Name of Surgery	: MTP & LAP ST	Laproscopy	: -
		Sevoflurane / Isoflurane	: used
		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 :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

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