BILLING CARD

Patient Name mrs. Logeshwari D.O.A. 14/9/24 Time 11.0am.

IP No. IPB2024000309.

Room No. 206.

Rent Per Day 1400/ Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/9/24	11.00am	OP	ward.	
14/9/24	2.45pm	ward	OT	

OPERATION THEA TRE

Date	: 14/09/24	OT No.	: 01
Surgeon	: DR. Narmadha	Start Time	: 2:25pm
I Asst. Surgeon	:	End Time	: 3:40 Pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: -
Anaesthetist	: DR mayil vanan	C-Arm	: -
OT Nurse	: Jamuna rani	Arthroscopy	: -
Name of Surgery	: D & C	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		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

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Narmadha.	13/9/24 ①	14/9					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A : 14/9/24.

D.O.D : 14/9/24.

Admission Officer :

Sister In-charge