

BILLING CARD

T-floor G/w

Patient Name Mrs. INDHUMADHI
24/Female/MIIC202474048

Cash

D.O.A. 17/9/24 Time 09:57

IP No. 17/09/2024/TPC2024002538

Room No. Dr. SASIKALA

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: <u>17/09/24</u>	OT No.	: <u>②</u>
Surgeon	: <u>DR. SASIKALA</u>	Start Time	: <u>4:00 pm</u>
I Asst. Surgeon	: <u> </u>	End Time	: <u>4:30 pm</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>REGINA</u>	Arthroscopy	: <u> </u>
Name of Surgery	: <u>DIC</u>	Laproscopy	: <u> </u>
		Sevoflurane / Isoflurane	: <u> </u>
		Inj. Fentanyl : <u>2ml 10ml</u> / Inj. Morphine	: <u>① Amp</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

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

17/9/24 BT. LT. RBS - Bill No : 202411589 .

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

[illegible]

PHYSIOTHERAPY

Date _____

[illegible]