



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Ms. Kaviya

D.O.A. 20/9/24 Time 4.05 pm

IP No. 2024 000 219

Room No. C. Ward.

Rent Per Day 750/-

TRANSFER DETAILS

Date	Time	From	To	Sister. Signature
20/09/24	4.05 pm.	EMR	C. Ward -	Shi Theer. P.
20/09/24	5.45 pm	WARD	OT	Elavarasu
20/09/24	8.00 pm	OT	WARD	Kaviya. R

OPERATION THEATRE

Date	: 20/09/24	OT No.	: IST
Surgeon	: DR. SENTHIL RAJ	Start Time	: 6.15 PM
I Asst. Surgeon	: DR. ARUN PRABHU	End Time	: 7.40 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: YES
Anaesthetist	: DR. RASHIKA	C-Arm	:
OT Nurse	: MS. KAVIYA. R	Arthroscopy	:
Name of Surgery	: APPENDECTOMY	Laprosocopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/9/24	9 PM	21/9/24	9 AM ✓				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

[illegible]

