

III floor cash Re-9.40AM (10) ✓

BILLING CARD

Non-Ac-Room (15)

Patient Name Mrs. SUBASHREE
23/Female/MIIC202474068
IP No. 17/09/2024/IPC2024002542
Room No. Dr. MALINI

D.O.A. 17/9/24 Time 1:37pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 17/09/24	OT No.	: (2)
Surgeon	: DR. MALINI	Start Time	: 2.30 pm
I Asst. Surgeon	:	End Time	: 3.00 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVIKUMAR	C-Arm	:
OT Nurse	: REGINA SRIMATHI	Arthroscopy	:
Name of Surgery	: VEGINAL STURING	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml/10ml / Inj. Morphine	: DAMP
		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

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PHYSIOTHERAPY

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