

1 floor

CAS?

11



BILLING CARD

Non-Ac-Poom-V

D.O.A. 19/09/24 Time 7:43pm

Mrs. JOTHLR
33 Female MIIC202474274
19.09/2024/1PC2024002584

Patient Name

IP No.

Room No.

Dr. CHRISTINA RAJKUMAR



Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 19/09/24	OT No.	: 02
Surgeon	: DR. CHRISTINA RAJKUMAR	Start Time	: 9.00 pm
I Asst. Surgeon	: -	End Time	: 9.45 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Padmanaban	C-Arm	: -
OT Nurse	: Regina, Kavi	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopey	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		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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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

20/9/24

HB, BT, CT, RBS, Blood Group, - 202411740