

Room - NO - 9 11:40
A/c Ist

BILLING CARD

Patient Name MRS. premalatha. S.

D.O.A. 19/09/24 Time 09.12pm

IP No. 2585

CASH

Room No. 9

Rent Per Day 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>20/09/24</u>	OT No. : <u>I</u>
Surgeon : <u>DR. Valli</u>	Start Time : <u>7.30AM</u>
I Asst. Surgeon : <u> </u>	End Time : <u>9.00AM</u>
II Asst. Surgeon : <u>DR. SASIKALA</u>	Dis. Pack : <u> </u>
III Asst. Surgeon : <u> </u>	Diathermy : <u> </u>
Anaesthetist : <u>DR. RAVIKUMAR</u>	C-Arm : <u> </u>
OT Nurse : <u>REGINA</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>TLH E BSD</u>	Laproscopy : <u> </u>
	Sevoflurane / Isoflurane : <u>1500/-</u>
	Inj. Fentanyl : <u>2ml 10mg</u> / Inj. Morphine <u>10mg</u>
	Others : <u> </u>

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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 :

OT. No. 1 :

Start Time/

End Time/

Dis. Pack :

Diathermy :

C-Arm :

Arthroscopy

Laparoscopy

Sevoflurane / Isoflurane :

Inj. Fentanyl

Others

LABORATORY

[illegible]

[illegible][illegible]

21/09/24

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