

BILLING CARD

CASH

Patient Name Mrs. JOTHI LAKSHMI

IP No. 29 Female: MIIC202474310

Room No. Dr. VALLIAMMAL K

D.O.A. 20/9/24 Time 10.17 Am

Rent Per Day 1,500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
20/9/24	10.30 AM	General ward	Non A/c (1A)	Kavi

OPERATION THEATRE

Date : 20/9/24	OT No. : II
Surgeon : Dr. Valliammal	Start Time : 2.00 PM
I Asst. Surgeon : Dr. Sasikala	End Time : 2.30 PM
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : Dr. Ravikumar	C-Arm : -
OT Nurse : Kavi	Arthroscopy : -
Name of Surgery : D/C	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml / Inj. Morphine 0.05mg
	Others : Kefamine - 1ml

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

Date

	LABORATORY
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