

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. V. SivarajpurD.O.A. 24/9/24 Time 8:50 AMIP No. 2024001232Room No. G/W-FRent Per Day 1000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
<u>24/9/24</u>	<u>9:30am</u>	<u>EP</u>	<u>G/W0909</u>	<u>P.D. 2220</u>
<u>24/9/24</u>	<u>2-45pm</u>	<u>G.W</u>	<u>OT</u>	<u>Ref 2187</u>

OPERATION THEATRE

Date	: <u>24/9/24</u>	OT No.	: <u>II</u>
Surgeon	: <u>Dr. Sivasakthi</u>	Start Time	: <u>3:15 PM</u>
I Asst. Surgeon	: <u>-</u>	End Time	: <u>3:30 PM</u>
II Asst. Surgeon	: <u>-</u>	Dis. Pack	: <u>-</u>
III Asst. Surgeon	: <u>-</u>	Diathermy	: <u>-</u>
Anaesthetist	: <u>Dr. Rinoth Kumar</u>	C-Arm	: <u>-</u>
OT Nurse	: <u>Ranga</u>	Arthroscopy	: <u>-</u>
Name of Surgery	: <u>+ Trs.</u>	Laprosocopy	: <u>-</u>
	<u>fractional a currtage</u>	Sevoflurane / Isoflurane	: <u>-</u>
		Inj. Fentanyl	: <u>1 ampule used</u>
		Others	: <u>refamed - 3cc used</u>

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

[illegible]

Date _____

LABORATORY

24/09/24

04/04 (24/04)

1. Biopsy (2181)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

24/9/24 ~~Elp-1, chest xray (1)~~
 (op paid) (OPKB202405047)

CBG

CBG

24/9/24 CBG (1) (8179)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

Other Procedures : (specify) :-

Sister In-charge