

BILLING CARD

Patient Name **Mrs. ANITHA**
31 Female MIIC202474934

IP No. 28.09/2024/IPC2024002684

Room No. Dr. SASIKALA



cash

D.O.A. 28/9/24 Time 09:24

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 28/09/24	OT No.	: ②
Surgeon	: DR. SASIKALA	Start Time	: 3:30pm
I Asst. Surgeon	:	End Time	: 4:00pm
II Asst. Surgeon	:	Djs. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. Ravi Kumar	C-Arm	:
OT Nurse	: Kavi	Arthroscopy	:
Name of Surgery	: STICH GRANULOMA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine ① Amp
		Others	: J. KETAMINE 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

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

[illegible]

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

PHYSIOTHERAPY

[illegible]