

I floor
cash

BILLING CARD

non-Ac-Room (12)

D.O.A. 29/9/24 Time 10:10pm

Patient Name _____

IP No. _____

Room No. _____

Mrs. RAJALAKSHMI N
26 Female MHC202475076
29.09/2024/IPC2024002697

Dr. SASIKATA



Rent Per Day 1850/-

TRANSFER DETAILS

Date	To	Nurse's Signature

OPERATION THEATRE

Date : 29/09/24	OT No. : II
Surgeon : DR. Sasikata	Start Time : 10:30pm
I Asst. Surgeon : -	End Time : 11:15pm
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : DR. M. Ravi Kumar	C-Arm : -
OT Nurse : S/N. Regina	Arthroscopy : -
Name of Surgery : LSCS	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine -
	Others : For twin - 1 AMP

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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 :

Date

LABORATORY

29/9/24

HB, BT, CT, RBS - 2412151

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
			/			2/10/24	Dressing