

NON/AC 1ST FLOOR

**BILLING CARD**

RE - 11.58AM

Med  Mrs. NAVANEETHAM  
 49, Female: MIIC202475100  
 Pati 30/09/2024/IPC2024002702  
 IP N Dr. VALLIAMMAL K  
 Room 

D.O.A. 30/09/24 Time 10.47AM

CASH

Rent Per Day 1850

**TRANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
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|      |      |      |    |                   |

**OPERATION THEATRE**

|                   |   |                |                                        |   |          |
|-------------------|---|----------------|----------------------------------------|---|----------|
| Date              | : | 2/10/24        | OT No.                                 | : | I        |
| Surgeon           | : | DR. Valli      | Start Time                             | : | 4.00pm   |
| I Asst. Surgeon   | : | —              | End Time                               | : | 5.45PM   |
| II Asst. Surgeon  | : | DR. SAKKALA    | Dis. Pack                              | : | —        |
| III Asst. Surgeon | : | —              | Diathermy                              | : | —        |
| Anaesthetist      | : | DR. Ravi Kumar | C-Arm                                  | : | —        |
| OT Nurse          | : | YOGA, SRIMATHI | Arthroscopy                            | : | —        |
| Name of Surgery:  |   | TLH            | Laproscopy                             | : | —        |
|                   |   |                | Sevoflurane / Isoflurane               | : | 2000 / — |
|                   |   |                | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : | 0.4mg    |
|                   |   |                | Others                                 | : |          |

**MONITOR****INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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**OXYGEN****SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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**ALPHA BED****SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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## 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 |  |
|------|------------|--|

[illegible]

[illegible]

ECHO

due

DR. SPESH KEMAR

## CHEST X-RAY

due

MOHAN RAJ

## ECG

962

DR. SARAVANAN, (S. NAMAN)

## USG ABDOMEN

due

202412366

## ABG

## ACT

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

NUMBE

## PHYSIOTHERAPY

Date \_\_\_\_\_

Karthika - PT

KARTHIKA - PT