

I floor
Cash

BILLING CARD

Non/AE - Room - 14

Patient Name Mrs. MOHANA.P
40 Female MIIC202475405

D.O.A. 4/10/24 Time 08:44

IP No. 04, 10/2024/IPC2024002747

Room No. Dr. VALLIAMMAI K

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 4/10/24	OT No.	: OT - 11
Surgeon	: Dr. Valliammai	Start Time	: 2.30 PM
I Asst. Surgeon	: Dr. Sasilekha	End Time	: 3.00 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Pankaj Kumar	C-Arm	: -
OT Nurse	: Sumanthi	Arthroscopy	: -
Name of Surgery	: D & C	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine <u>10mg p used</u>
		Others	: -

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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 :

[illegible]

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

[illegible][illegible][illegible][illegible]