

I floor single Room non A/C

(9)

BILLING CARD

Patient Name

Mrs. DEVI

35/Female/MHC202475574

IP No. _____

06/10/2024 1pC2024002774

Room No. _____

Dr. VALLIAMMAL K



D.O.A. 06.10.24 Time 01:38 PM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 6/10/24	OT No.	: I
Surgeon	: Dr. Valliammal	Start Time	: 2.15 PM
I Asst. Surgeon	: Dr. Sasikala	End Time	: 3.00 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravikumar	C-Arm	: -
OT Nurse	: yoga / Srimathi	Arthroscopy	: -
Name of Surgery	: Lap ovarian cyst	Laproscope	: used
		Sevoflurane / Isoflurane	: 1000/-
		Inj. Fentanyl	: 2ml 10ml / Inj. Morphine (Damp)
		Others	: -

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

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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 :

LABORATORY

CA 125 - 2A6A

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PHYSIOTHERAPY

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